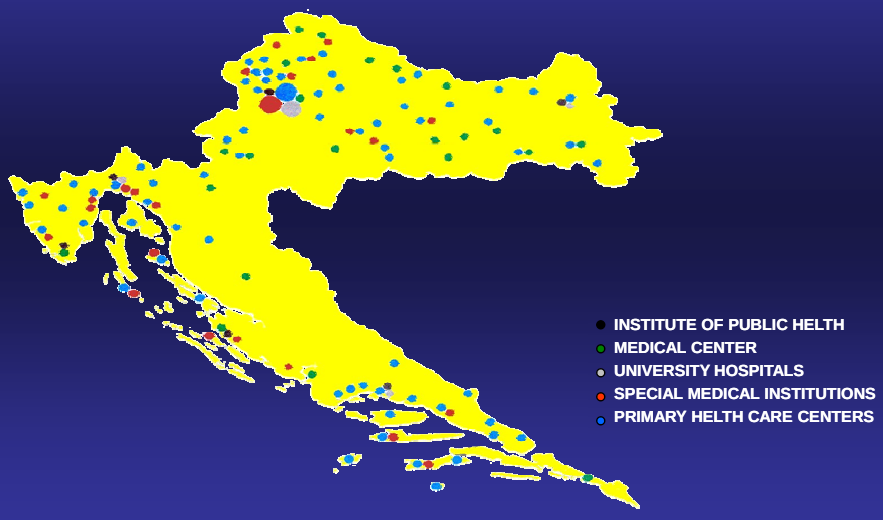
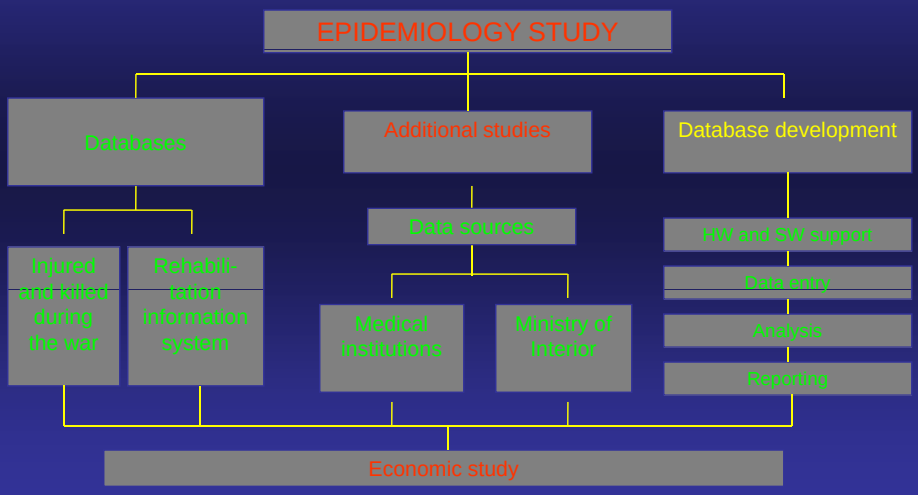
Victim Assistance – Psychosocial Support

Distribution of Health Institutions in Croatia

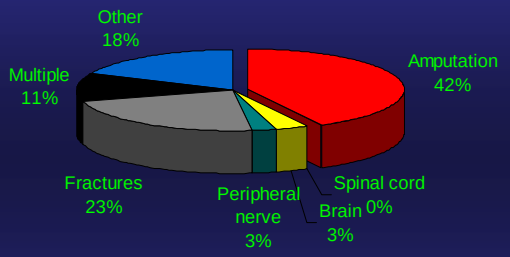


Development of Information System

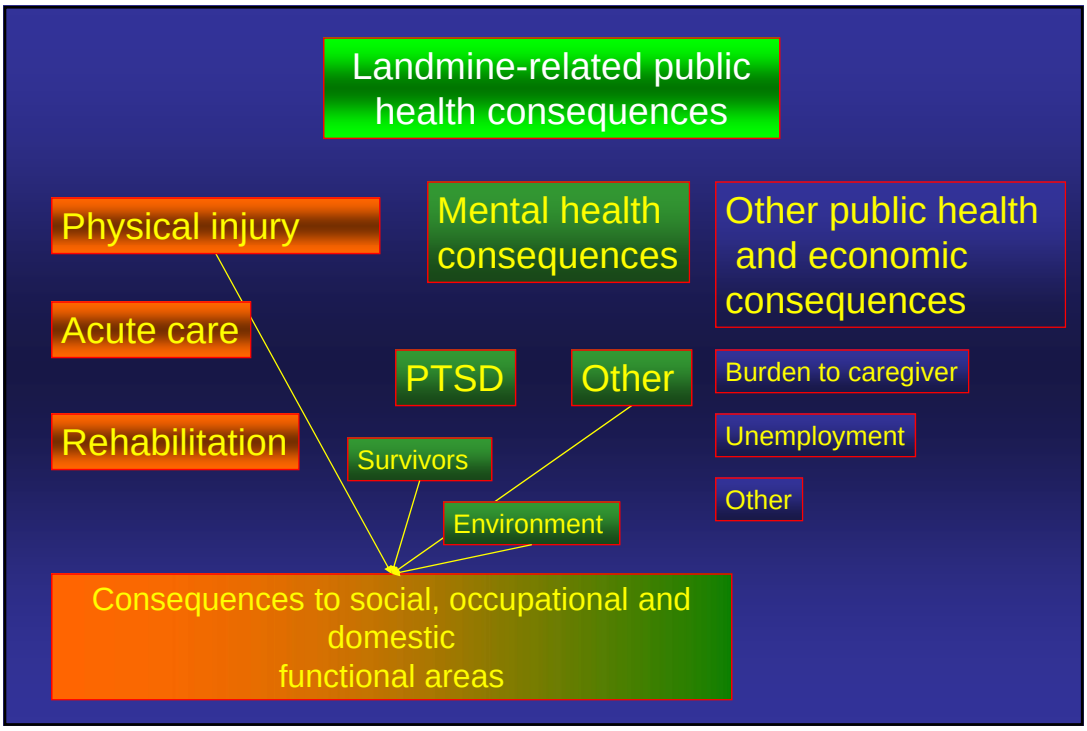


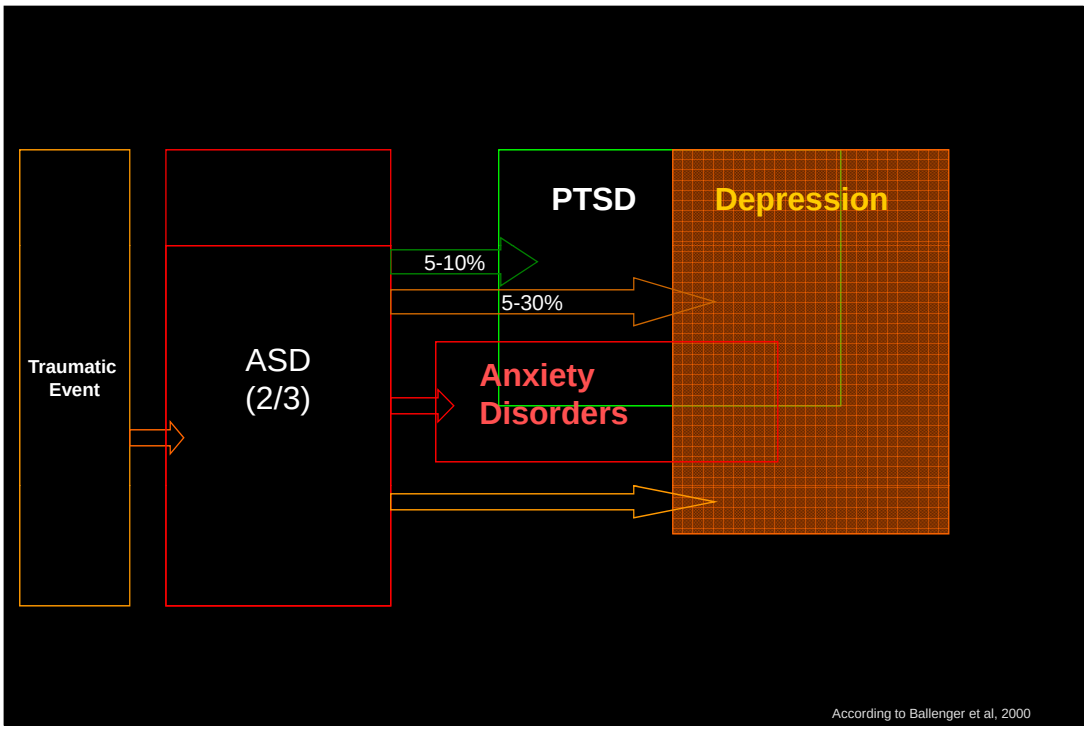
Disabled by Landmines by Injury Type

Injury	*N*
Amputation	283
Spinal cord injury	1
Traumatic brain injury	21
Peripheral nerve injury	18
Fractures	151
Multiple injuries	76
Other	121
Total	**671**

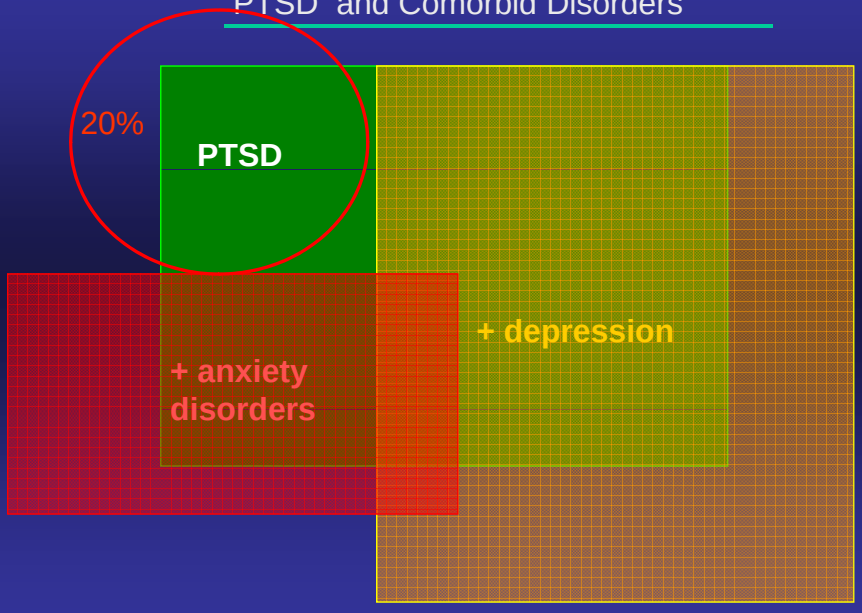


Amputation	•	•	•	•	•					
Spinal cord injury						•				
Traumatic brain injury	•	•					•	•		
Peripheral nerve injury			•	•			•		•	
Fractures	•		•		•	•	•	•	•	Σ
N	**1**	**7**	**4**	**5**	**31**	**2**	**1**	**4**	**21**	**76**

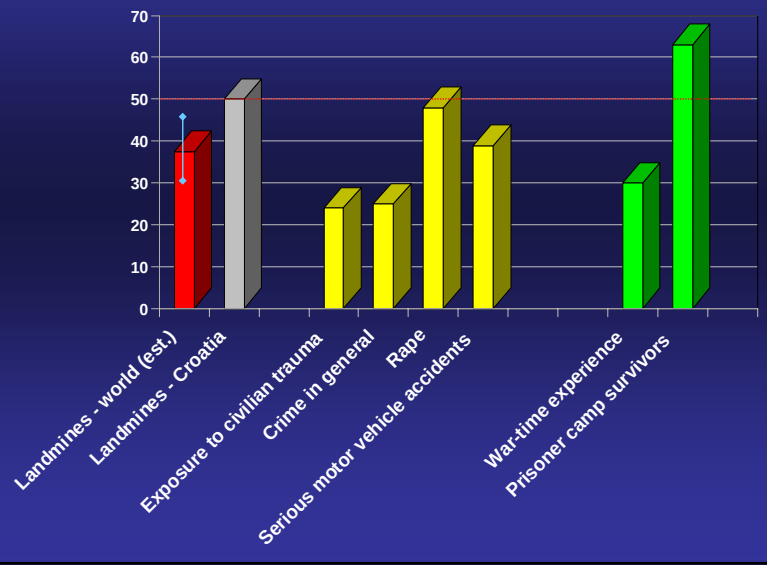

Landmine-related public health consequences
Physical injury
Mental health consequences
Other public health and economic consequences
Acute care
PTSD
Other
Burden to caregiver
Rehabilitation
Survivors
Unemployment
Other
Environment
Consequences to social, occupational and domestic functional areas


Traumatic Event
ASD (2/3)
PTSD
Depression
5-10%
5-30%
Anxiety Disorders
According to Ballenger et al, 2000

PTSD and Comorbid Disorders



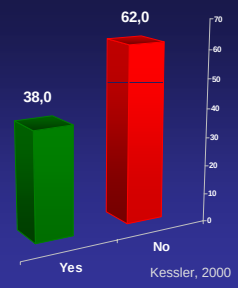
Estimated Lifetime Prevalence of PTSD in Different Traumas



MH program for victims of war traumas

- mostly targeted to war veterans
- mostly use existing health infrastructure
- civilian population living under prolonged stressor exposure estimated to 5%
- oriented to treatment-seeking population

Treatment seeking in PTSD



Kessler, 2000

"Treatment Gap" in Western Europe

Schizophrenia	17.8%
Depression	45.4%
Dysthymia	43.9%
Bipolar Disorder	39.9%
Panic Disorder	47.2%
GAD	62.3%
Obsessive Compulsory Disorder	24.6%
Alcoholism	92.4%

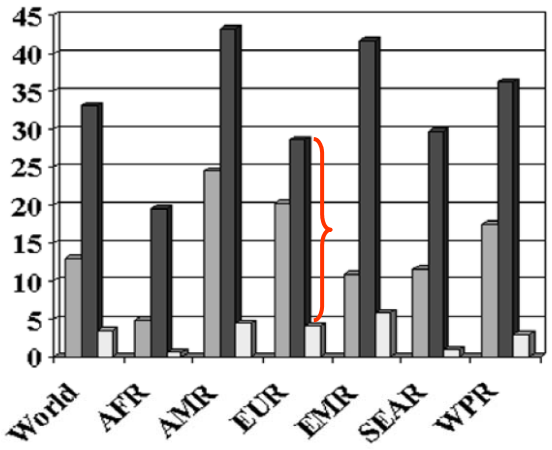


Figure 1. Burden of Neuropsychiatric Disorders and Federal Mental Health Budget by WHO Regions

Budget and Financing of Mental Health Services: Baseline Information on 89 Countries from WHO's Project Atlas

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J Ment Health Policy Econ **6**, 135-143 (2003)

Table 1
Summary of double-blind randomized pharmacotherapy trials for PTSD

Trial	Active medication	Number of subjects	Length of trial	Change in PTSD symptoms from baseline (vs. placebo)
Tricycyclic antidepressants				
Reist et al. (1989)	Desipramine (50–200 mg/day)	18	4 weeks	Impact of Event Scale (IES)—no improvement; depression benefited
Davidson et al. (1990)	Amitriptyline (50–300 mg/day)	46	8 weeks	IES—21% improvement (vs. 6%)
Kosten et al. (1991)	Imipramine (50–300 mg/day)	41	8 weeks	IES—25% improvement (vs. 5%)
MAOIs				
Shestatzky et al. (1988)	Phenelzine (45–75 mg/day)	13	5 weeks	IES—no change (3%)
Kosten et al. (1991)	Phenelzine (15–75 mg/day)	37	8 weeks	IES—44% improvement (vs. 5%)
Katz et al. (1994)	Brofaromine (50–150 mg/day)	68	14 weeks	Clinician Administered PTSD Scale (CAPS)—48% (vs. 29%)
Baker et al. (1995)	Brofaromine (up to 150 mg/day)	113	12 weeks	IES—26% improvement (vs. 26% on placebo)
SSRIs				
van der Kolk et al. (1994)	Fluoxetine (20–40 mg/day)	64	5 weeks	CAPS for Civilians 44% (vs. 17%), for Veterans 15% (vs. 2%)
Connor et al. (1999b)	Fluoxetine (10–60 mg/day)	53	12 weeks	Several scales all significant improvements over placebo; e.g., Davidson Trauma Scale (DTS) 66% (vs. 34%)
Hertzberg et al. (2000)	Fluoxetine (10–60 mg/day)	12	12 weeks	DTS, Sheehan Disability Scale (SDS), Structured Interview for PTSD (SIP)—no significant improvement
Brady et al. (2000)	Sertraline (50–200 mg/day)	187	12 weeks	CAPS-2 [significant improvement on avoidance, numbing- 43% (vs. 31%)—and arousal measures]; IES trended toward improvement with sertraline—44% (vs. 35%)
Davidson et al. (2001)	Sertraline (50–200 mg/day)	208	12 weeks	CAPS-2: 45% (vs. 36%); IES 50% (vs. 35%)
Tucker et al. (2001)	Paroxetine (20–50 mg/day)	307	12 weeks	CAPS-2: 48% (vs. 34%)Treatment Outcome PTSD rating scale (TOP-8) 51% (vs. 35%)
Zohar et al. (2002)	Sertraline (50–200 mg/day)	42	10 weeks	CAPS-2 (no statistically significant improvement)
Martenyi et al. (2002)	Fluoxetine (20–80 mg/day)	301	12 weeks	TOP-8 statistically significant improvement by week 6 of treatment 60% (vs. 44%)
Other trials				
Butterfield et al. (2001)	Olanzapine 5–20 mg/day)	15	10 weeks	SIP, TOP-8, DTS—no significant differences
Hertzberg et al. (1999)	Lamotrigine (50–500 mg/day)	15	12 weeks	Duke Global Rating for PTSD (DGRP) 50% response rate (vs. 25%)
Braun et al. (1990)	Alprazolam (2.5–6 mg/day)	16	5 weeks	No change on IES and other scales for PTSD
Kaplan et al. (1996)	Inositol (12 g/day)	13	4 weeks	No benefit

Amital et al, 1999	sertraline vs placebo	51	10 weeks
Stein et al, 2000	paroxetine vs placebo	322	3 months
Davis et al, 2004	nefazodone vs placebo	41	12 weeks
Davidson et al, 2003	mirtazapine vs placebo	29	8 weeks
Raskind et al, 2003	prazosine vs placebo	10	20 weeks
Tucker et al, 2003	citalopram, sertraline vs placebo	58	10 weeks
Marshall et al, 2001	paroxetine vs placebo	551	12 weeks