

## **ABSTRACT BOOK**



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## **NEUROSCIENCES**



## Andikan Effiong Udoh POST TRAUMATIC STRESS DISORDER IN JAPAN

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Introduction. On March 11, 2011, a magnitude 9.0 earthquake occurred off the Pacific Coast of northeastern Japan. A resulting tsunami damaged the Fukushima-Daiichi Nuclear Power Plant, leading to a major nuclear disaster in addition to other local destruction. Years after this unprecedented "triple disaster," symptoms of Post Traumatic Stress Disorder and depression still persist. Post traumatic stress disorder (PTSD) is defined as a pathological anxiety that usually occurs after an individual experiences or witnesses severe trauma that constitutes a threat to the physical integrity or life of the individual or of another person. The individual initially responds within intense fear that the emotional event will be repeated, helplessness, or horror. The person later develops a response to the event that is characterized by persistently reexperiencing the event - repeated vivid flashbacks of the event that lead to physical reactions such as rapid heartbeat or sweating, with resultant symptoms of numbness, avoidance of social interactions gradually becoming more withdrawn and hyperarousal. This symptoms result in clinically significant distress or functional impairment.

Materials

and methods. In studies investigating trends in mental health problems over time, post traumatic stress symptoms tended to improve, or in any case not get worse. In contrast, depression symptoms tended to persist during follow-up. Results of research. Risk factors for mental health problems included resettlement of daily lives, preexisting illness, and small social network size. The reported prevalence of posttraumatic stress reactions was higher in Fukushima prefecture, where the damaged nuclear power station was located. Suicides increased initially, followed by a decrease in the two years after the earthquake. However, the suicide rate remained higher than the predisaster level in Fukushima, in contrast to neighboring prefectures. **Conclusions.** The results suggest the need for long term mental health support in Fukushima, especially targeting evacuees who are still living in temporary housing. It's very important with natural disaster trauma that the victim gives himself time to heal and pass through an appropriate mourning process. Only by processing the experience over a realistic period of time is healing possible. Group therapy, individual and family therapy, cognitive behavioral therapy, anxiety management and relaxation techniques should be employed in rehabilitation of the affected.