Trait impulsivity in PTSD patients

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Introduction:

Impulsivity is a predisposition toward unplanned actions without consideration of negative consequences. It is associated to many psychiatric disorders. In literature, this trait is thought to be elevated in patients with post-traumatic stress disorder.

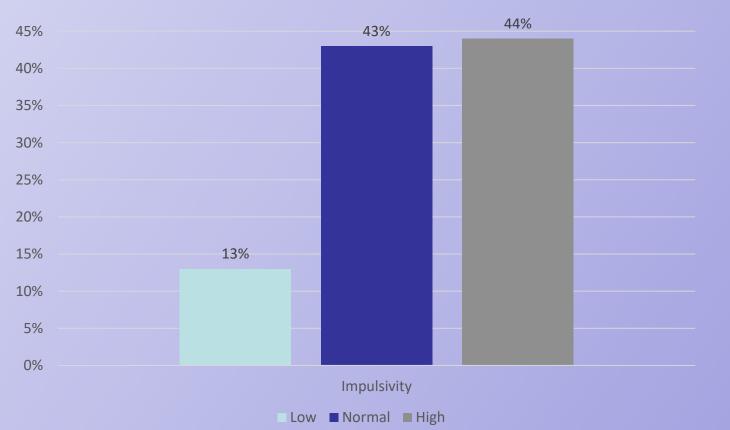
	Methods:
Aim: To assess the prevalence of impulsivity in military patients diagnosed with PTSD.	Patients completed forms collecting socio-demographic, clinical and therapeutic data, the PTSD checklist for DSM5 (PCL-5) and the Barratt impulsiveness scale (BIS- 11).

Results:

Fifty-nine patients diagnosed with PTSD were assessed in this study. The sample was composed by 58 men and one woman. The mean age was 32.85 years. The most represented military rank was master corporal in 49%. Fifty one percent of our PTSD patients were in clinical remission and had PCL-5 scores under 33. The mean impulsivity score of our military group was within the normal limit of impulsivity at 66.93. High impulsivity trait was found in 44% of our sample (BIS-11 > 71) Figure 1. However, there was no correlation between the impulsivity scores and the PCL-5 scores. The BIS-11 scores were higher in patients with active PTSD symptoms compared to remitted ones, though, this difference was not significant. The medical treatment and the psychotherapeutic support did not influence the impulsivity scores. The impulsive patients with active PTSD symptoms were more disposed for Alcohol abuse (p=0,008), however, there was no statistical association with active smoking .

Discussion:

Difficulty restraining impulses increases potentially risky behavior, such as over spending, getting into fights, selfharming behavior, breaking the law, engaging in risky sexual behavior. It means that impulsivity increases the risk of exposure to potentially traumatic stimuli, as well as for PTSD development, creating a complex contribution among neurobiological factors, as well as personality traits, and social environment (1). Impulsivity communly relates to PTSD severity and to its complications (2). The particularity of our population is that it is formed by active military. In Tunisia, the selective criteria of recruitment may explain the differences between our results and the litterature. The association between PTSD, impulsivity and substance use disorder has been widely discussed in littérature. Erven et al. (3) suggested that PTSD may be related to impulsivity, particularly attentional impulsivity, even after controlling anxiety and depression among inpatients with alcohol use disorder. This association was also found among our patients.



Conclusion:

High trait impulsivity was found in 44% of our PTSD military patients, however, comparing this proportion with PTSD-free soldiers would help determine whether trait impulsivity is linked to developing PTSD symptoms.

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