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INTERRELATIONS BETWEEN ANGER AND AGGRESSION AMONG MALE VETERANS WITH COMBAT-RELATED POSTTRAUMATIC STRESS DISORDER

A.V. Ostapenko¹, S. Kolov²

¹Psychotherapeutic Department, ²Clinical-Diagnostic Laboratory, Volgograd Regional Clinical Hospital for Combat Veterans, Volgograd, Russia

Objectives: Combatants with PTSD show a higher level of aggression and dysfunctional anger influencing clinical picture and determining tolerance to treatment. Interrelations between emotional dysfunctions (anger), symptoms of combat-related PTSD and aggression are not clear.

Method: We studied relations between aggression, anger and PTSD symptoms in the group of 557 males-combatants (109 patients had marked symptoms of PTSD, 448 men showed subclinical symptoms), and in the control group of 234 healthy males. We used the Mississippi Scale for quantitative evaluation of PTSD and authorial methods for assessing anger and aggression.

Results: Impulsive aggression is the main form in veterans with PTSD, exceeding sevenfold indices in the control group ($21,17 \pm 1,92$; $3,18 \pm 0,38$, $P < 0,00001$). Indices of this aggression are equal to level of instrumental aggression ($3,03 \pm 0,27$; $3,88 \pm 0,19$, $P < 0,001$), in the control group various forms of aggression differed greatly, level of these types of aggressive behaviour was lower ($0,45 \pm 0,06$; $1,88 \pm 0,09$, $P < 0,0000001$).

Correlation analysis of indices of different aggressive behaviour and anger showed that dysfunctional anger has strong positive interrelations only with indices of impulsive (affective-hostile) aggression ($P < 0,01$), similar correlation with instrumental aggression was not discovered. In the control group significant correlations between anger and aggressive behaviour were not found.

Conclusions: Impulsive aggression is mostly expressed in combatants with PTSD. Anger is the main determining factor for level, strength, intensity and frequency of impulsive aggression. Association between anger and PTSD is unique for combatants with impulsive aggression. Dysfunctional anger serves a general pathogenetic factor for combat-related PTSD and impulsive aggression.