Hospital at war: treatment changes in mental patients

Abstract The implications of the chemical war threat and the missile attacks during the Gulf War for a medium-sized psychiatric community are analyzed in terms of psychiatric care and management. Changes in medication, physical restraint, and ward transfer were observed for schizophrenic patients in active psychotic phase \( n = 50 \), in residual post-active phase \( n = 37 \), and patients with long-term residual type \( n = 167 \). The variables for the first week of the war \( n = 250 \) were compared to those the same week 1 year before \( n = 254 \). Patients in active phase and patients in residual phase received more supplementary treatment and radical changes in treatment; patients in active phase received more treatment reinforcement, as well as physical restraint, compared to patients in residual phase and residual type patients. Residual type patients remained unchanged on all variables. Residual type patients remained mostly indifferent, while many severely disturbed psychotics needed restraining, and less severely disturbed patients residing in open wards required only minor tranquilizers. Patients in active phase tended to behave very erratically while denying being affected by the war, and patients in residual phase overtly expressed their anxiety and remained in control.

Introduction

Chemical weapons have been part of war arsenal since the First World War, but only rarely have they been used against civilian populations. Present-day technology and media make it possible to warn entire populations of an impending chemical attack at relatively short notice, and a partial understanding of the effects of a chemical attack makes it imperative during periods of political crisis accompanied by a chemical threat to implement defense precautions related to the survival of the civilian population in case of a real attack.

Different populations have already been investigated as to the impact of the Gulf War. In a study of 16 geriatric centers, stress was found to be highest among the aged who were mentally alert (Golander et al. 1992). In a study of regular, reserve and career soldiers (male and female), elevated levels of distress were associated with a high level of perceived threat, low levels of social support, perceived efficacy, and trust in army authorities (Solomon et al. 1991). Bleich et al. (1992) observed that 43% of the 773 casualties evacuated to hospitals following missile attacks were diagnosed as psychological casualties. In one study, Holocaust survivors whose homes were not damaged by missiles did not react more than persons not involved in the Holocaust, but those whose homes were damaged showed reactivation or exacerbation of the survivor syndrome (Robinson et al. 1992). On the contrary, Solomon and Prager (1992), in a methodologically sound study, found that most of the Holocaust survivors had higher levels of state and trait anxiety and feelings of danger in reaction to the war compared to elderly civilians who were not victims. Residual vulnerability, even amongst remitted cases of combat reaction, was also observed in 70 out of 72 referrals to the Central Military Mental Health Clinic (Kaplan et al. 1992b). Subjective sleep disturbances were recorded in target areas, but based on the actigraphic sleep recordings in 19 adults no decrease in objective sleep quality was observed (Lavie et al. 1991). Somatic reactions were found to be higher among females and in lower education groups (Carmeli et al. 1991). An increase in myocardial infarction and sudden death was observed during the first days of the Gulf War, but reverted quickly to normal (Meiser et al. 1991). Stress reactions were observed in infants and toddlers (Weisenberg et al. 1993). Common forms of
Graders were identified as a specific high risk group in fewer postwar stress reactions than persistence at direct thinking, with emotion-focused coping such as avoidance amongst children were found to be emotional measures of psychiatric help that we would have to medical staff faced when preparing for the eventuality of violence by the patients), as well as more restraining measures.

An extensive search, both computerized and manual, provided very little information on the influences of warfare on psychiatric patients in mental hospitals. Atkin (1941) found 46 out of 300 admissions to a mental hospital were related to air raids. Thirty-six cases were thought to be already ill before the raids and 6 were neurotics and depressives whose state worsened after the raid. Harris (1941) checked the admissions to a general hospital during the air raids and found several cases who developed a psychotic symptomatology of a depressive or schizophrenic kind. Of particular interest to us, he described a small group of elderly and mentally ill patients in a good state before the raids who deteriorated after the raids. Neustatter (1946), on the contrary, saw a number of psychotics in an institution during the fly-bombing of London and observed all but one of them to be markedly indifferent to the fly-bombs.

As the literature gave us only few clues to the way patients would react, we attempted to check the behavior of most of the schizophrenic patients in our hospital, taking into consideration some of the psychiatric services these patients receive. We asked three basic questions: would the patients receive more, less, or different medications, would there be a change in restraining measures, and would patients receive leave more or less often than during a comparative period.

**Method**

**Setting**

This research was conducted in a mental health center, the main element of which is a 320-bed hospital serving a catchment area of 300,000 people. Pardessia is a small village situated in the center of Israel close to a major urban center. It was not in the target area of the Skud missiles.

**Subjects**

The subjects were 250 resident patients. There were 162 males and 88 females, with an average age of 51.65 years (α = 15.41; range = 19–83). Only patients who were at least 2 weeks in the hospital were taken into consideration for this study.

Controls were 254 patients hospitalized during the same period 1 year earlier, comprising 161 male and 93 female patients, with an average age of 51.03 years (α = 15.34; range = 18–84).

Only patients suffering from schizophrenia were studied. Our patients were grouped according to DSM-III-R classification criteria closely mirroring the practical, therapeutic, and geographic reality of our institution. Our sample was composed of three groups of patients. The first group (n = 167) was a long-term hospitalized population of schizophrenic patients without prominent psychotic symptoms, though signs of the illness such as emotional blunting, social withdrawal, eccentric behavior, illogical thinking and/or mild loosening of associations persisted. These were all schizophrenic patients, residual type. A second group of patients were patients usually admitted for limited periods of time, most of whom had families, private housing, and an occupation. This second group was...