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LONG-TERM EFFECT OF PSYCHOLOGICAL TRAUMA ON MENTAL HEALTH OF AGED PEOPLE DISPLACED AFTER WORLD WAR II.

K. STRAUß* (University of Hamburg, Hamburg, Germany)

S. SCHMIDT(2) - (2) University of Greifswald (Greifswald, Germany)

Introduction: What are the long-term effects of mass trauma on the psychological wellbeing of displaced persons in late-life? Most epidemiological data are for short-to-medium term effects, leaving the possibility that early reactions could reduce naturally over time as well as trauma that occurred decades ago could resurfaces in frail elderly suffering from cognitive dysfunctions or emotional problems. Specifically, we aimed to assess the long-term effect of forced migration after World War II on mental health and disability in aged displaced people resettled in Hamburg, Germany.

Methods and materials: Within a population-based cohort-study (LUCAS, Longitudinal Urban Cohort Aging Study), we identified a community sample of 414 people, displaced after World War II. We sampled a control group without displacement, matched by gender and age. Participants were asked to fill in a postal survey which was composed by questionnaires assessing psychiatric symptoms, such as depression, anxiety and post-traumatic stress; exposure to psychological traumatic events; disability and use of health services as well as current social, economic and integration factors. Multivariate analysis with adjustment for stressors since migration to establish the risk factors for mental wellbeing has been done.

Results: The postal survey was completed by 466 (53%) adults. Mean length of resettlement was 52.7 years (SD 13.2) and mean time since the most severe traumatic event was 58.8 years (SD 18.3). Displaced persons showed a significantly higher frequency of traumatic symptoms and depression but not anxiety. Further, displaced persons reported significantly lower subjective physical health but no significant amount of medical consultations. Certain interaction between trauma exposure and time since trauma were associated with a higher risk of symptomatology.

Conclusion: These findings demonstrate that there are long-term psychological problems in people who are forced to migrate. In further analysis we aim to examine resilience factors and utilisation of primary health care.