having any illness, nor did the scores differ significantly according to gender of the students.

**Conclusion:** The levels of STAI and DAS levels of students influence are proportional to each other. Therefore, if the extent of their increased STAI levels, fear of death, avoidance of death, and death increases, visual acuity is a defense mechanism to accept an escape.

**Keywords:** attitude toward death, state and trait anxiety, nursing students

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**[Abstract:0735] Anxiety, stress, and adjustment disorders**

**Relationship of posttraumatic stress symptoms with depression, anxiety, childhood trauma and personality characteristics**

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**Objective:** Mostly patients with a history of another trauma are comorbid with other psychiatric disorders alongside posttraumatic stress disorder (PTSD). Type of trauma, demographics, personality characteristics and psychological well-being before trauma are important factors in the development of PTSD. Purpose of the current study is to study the relationship of PTSD symptoms (PTSDs) with childhood trauma and personality characteristics among patients with diagnosis of depression and anxiety.

**Methods:** A total of 130 patients who were admitted to the anxiety policlinic and diagnosed with comorbid anxiety and depression participated in the current study. Patients were interviewed clinically and completed a socio-demographic form, Beck Anxiety (BAI) and Depression (BDI) inventories, Childhood Trauma Questionnaire (CTQ), Post-traumatic Stress Disorder Checklist-civilian version (PTSDC-CV) and Eysenck Personality Questionnaire Revised/Abbreviated Form (EPQR-A). Patients were classed into two group, namely, PTSD low (PTSDI) and PTSD high (PTSDh) risk according to the PTSD checklist cut-off point. Spearman correlation analysis was chosen to compose correlation coefficients of variables. PTSDI and PTSDh group means were compared across anxiety, depression, childhood trauma, and personality characteristics variables. For mean comparison, Mann-Whitney U test was conducted. Lastly logistic regression was run to predict group classification for the two groups. Analysis was conducted in two steps. In the first step, anxiety and depression were entered. In the second step, subscale scores of CTQ (emotional and physical neglect, emotional, physical and sexual abuse) and EPQR-A (neuroticism, extraversion, psychoticism and lying) were added into the analysis.

**Results:** 39.3% (n=53) of a total of 130 patients reported at least one history of a traumatic experience. Correlation analysis revealed that as PTSDs scores were significantly and positively correlated with anxiety and depression scores, the scores were negatively correlated with extraversion and emotional neglect. In terms of PTSDs, those with a history of trauma were separated into PTSDI and PTSDh groups according to a cut-off point of 51. Mean comparison concluded that the PTSDI and PTSDh groups were significantly different from each other in terms of anxiety and depressive symptoms, neuroticism, physical abuse and neglect. Logistic analysis revealed that firstly depressive symptoms and additionally physical abuse significantly predicted PTSDh group membership.

**Conclusion:** Literature findings revealed that trauma experience before the age of 15, inadequate social support, predisposition to psychiatric disorders, previous psychiatric history of anxiety and depression and separation from family before age 10 increase the risk of PTSD. Correspondingly, the current study determined that PTSDs are correlated with anxiety and depressive symptoms and physical abuse and neglect. Also it was suggested that personality and age can be individual factors that may lead to PTSD. Positive correlation found between neuroticism and PTSDs supports the previous findings. It can be concluded that patients with a diagnosis of comorbid anxiety and depressive disorders should be studied further in terms of personality characteristics and childhood trauma that may prognosticate PTSD. Also, PTSDs should be considered among these patients to adapt their treatment.

**Keywords:** childhood trauma, personality, posttraumatic stress disorder

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