ABSTRACT

Objectives: To determine the effect of positive coping counseling on health related quality of life in victims of violence with post traumatic stress disorders attending JUTH outpatient clinic.

Study Design/Setting: A randomized controlled trial involving patients aged 18 years and above presenting in GOPC with history of exposure to Plateau ethno-religious violence and meeting the criteria for diagnosis of PTSD.

Methods: Subjects were randomly allocated to a control and an intervention group. The intervention offered was structured counseling for positive coping using a structured format. Data was collected about patients’ socio-demographic characteristics, number of exposure to violence history and interviewer administered questionnaire on coping and health related quality of life. Physical examination was done to assess pulse rate, blood pressure and body mass index. Subjects were followed up for twelve weeks after which change in coping behavior and health related quality of was assessed. Physical examination to assessed change in pulse rate, blood pressure and body mass index was also done at the end of the twelve weeks period.

Results: One hundred and forty subjects were recruited for the study but only 132 successfully completed the study. The data obtained were assessed as per protocol. The mean age of the study subjects was 40.59± 9 while 39% were males and 61% were females. There was no significant difference in pulse rate,(79.73 vs 78.35 p=0.342) blood pressure mean (124.22/76.95 vs 123.97/77.65 p=0.643 systolic, 0.643 diastolic ) and BMI (24.13 vs 24.38 p=0.675) between control and intervention groups at the end of twelve weeks. For coping behavior, in the control group, 89.1% had negative coping behavior at baseline line while at the end of the study only
28.1% had negative coping behavior. For the intervention group, 95.6% had negative coping behavior at baseline, while at the end of the study only 14.7% had negative coping behavior. There was no significant difference in the distribution of coping behavior across the study group. ($\chi^2 = 3.552, p = 0.059$).

The study also showed that at baseline both subjects in the control and intervention group had poor quality of life ($\chi^2 = 27.273, p = 0.0005$). However, after intervention, there was a significant effect of positive coping counseling on HRQOL of subjects in the treatment group after treatment ($F = 20.896, p = 0.0005$).

**Conclusions:** Structured counseling for positive coping offered in the study was found to be effective in reducing the proportion of subjects with poor quality of life by 45.4%. Coping behavior was negative among the subjects but this however improved significantly over the 12 weeks of positive coping counseling with a more significant increase in the intervention group than the control group. Therefore, structured counseling for positive coping helps improve the quality of life in patients with PTSD.