

Clinical Variability of Stress-Associated Symptoms in Combatants with Peripheral Nervous System Diseases During the Post-Acute Rehabilitation Period: Rationale for Individualized Rehabilitation Programs

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War is among the most powerful and dangerous social stressors in Ukraine's modern history, leading to a marked rise in stress-related disorders in both the general population and specific subgroups. These disorders are characterized by considerable symptom polymorphism and variable pathodynamics. However, despite intensive research in recent decades, the effectiveness of corrective interventions remains limited.

Aim

This study aimed to identify the clinical and psychopathological features of stress-associated symptoms in combatants with peripheral nervous system diseases during the post-acute rehabilitation period and to determine targets for individualized rehabilitation.

Materials and methods

The study was conducted at the Clinic of Occupational Diseases and Comprehensive Rehabilitation, SI Kundiiev Institute of Occupational Health, NAMS of Ukraine. 72 combatants diagnosed with peripheral nervous system diseases underwent clinical and psychometric examination at the beginning and end of the standard rehabilitation program. Mental status was assessed using psychiatric interviews and standardized scales PCL-5, PHQ-9, GAD-7, SSS-8.

Results

In the post-acute rehabilitation period, the majority of combatants exhibited a high prevalence of somatized (67%) and stress-associated (58%) psychopathological symptoms. By contrast, classical depressive (34%) and anxiety (25%) symptoms were observed significantly less frequently ($p < 0.05$). Following comprehensive treatment in accordance with the standard rehabilitation protocol, improvement was documented in overall somatic condition as well as in psychometric indicators: reduction of somatization by 43%, depression by 22%, and anxiety by 9%. Nevertheless, the prevalence of pathological stress responses remained high, reaching 52% of the examined cohort, which substantially limits the effectiveness of standard rehabilitation approaches.

The results underscore the need to move beyond uniform treatment strategies and to implement personalized rehabilitation programs for combatants with peripheral nervous system pathology.



Such programs should integrate not only neurological and somatic rehabilitation but also targeted psychological interventions, adjusted for individual psychotraumatic experiences, stress-response typology, and personality characteristics.

Conclusion

The study provides clinical justification for the development of individualized rehabilitation protocols, which may enhance treatment effectiveness, support recovery, and improve the long-term quality of life of combatants affected by war-related stressors.