

WG 2 (Preventive Medicine and Healthcare Policies)

The Impact of Hostage Release on Military Healthcare Personnel

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Background:

On January 19, 2025, the release of Israeli and foreign abductees from Hamas captivity commenced. Mental health officers, doctors, and nurses provided initial assistance as part of this mission. The exposure to this extraordinary event, following approximately 500 days of hostage captivity by terrorist organizations, may have significant implications for the health of the involved medical personnel, particularly given their repeated participation in the mission.

Purpose:

This study aims to assess the levels of compassion fatigue, burnout, and psychological strain among mental health officers, nurses, and physicians across multiple time periods, examining changes from baseline to several weeks post-mission completion.

Methods:

A mixed-methods approach was employed. Quantitative data collection involved 24 certified nurses, 27 mental health officers, and 18 physicians, utilizing the Professional Quality of Life Scale (ProQOL-5), Maslach Burnout Inventory (MBI-HSS), and Depression Anxiety Stress Scales-21 (DASS-21), administered pre- and post-mission. Qualitative data were gathered through semi-structured interviews exploring experiences, coping strategies, and reflections.

Results:

Mental health officers demonstrated improved scores across all questionnaires between the mission period and later assessment, indicating decreased stress and fatigue levels. Conversely, physicians exhibited worsening stress and fatigue scores between the two test dates. Nurses showed a slight trend towards deterioration in stress and fatigue scores.

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Oral Contraceptive Pills Use and Mental Health Related Outcomes Among 385,176 Women in Military Service

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Background:

Oral contraceptive pills (OCPs) are widely used among young women, including military personnel. Evidence is conflicting on whether OCPs affect mental health.

Purpose:

In the Israel Defense Forces (IDF), servicewomen receive free OCPs, providing an opportunity to examine their impact on mental health.

Methods:

We analyzed IDF servicewomen aged 18-24 (2004-2020) by using dispensation records to identify servicewomen prescribed OCP. Logistic regression models evaluated socio-demographic factors linked to OCP use. We also fitted multivariable-adjusted models to explore the relationship between OCP use and new mental health diagnoses during service. Multivariate models were adjusted to demographic characteristics, medical history, and combatant roles.

Results:

Among 385,176 women, 135,852 (35.3%) used OCPs. Users were more likely to have a high-school education, higher cognitive function (OR 1.35-1.38), and combat service (OR 1.54, 95% CI: 1.50-1.59). They were less likely to have overweight/obesity (OR 0.65, 95% CI: 0.64-0.66), mood disorders (OR 0.71, 95% CI: 0.60-0.83), or anxiety disorders (OR 0.76, 95% CI: 0.70-0.84) at recruitment. OCP use correlated with fewer new diagnoses of mood (OR 0.78, 95% CI: 0.70-0.87) and eating disorders (OR 0.84, 95% CI: 0.75-0.95), but not anxiety disorders. Persistent users (≥ 12 months) had even lower odds of mood (OR 0.55, 95% CI: 0.45-0.67), eating (OR 0.66, 95% CI: 0.54-0.80), and anxiety disorders (OR 0.83, 95% CI: 0.74-0.93).

Conclusions and discussion:

Servicewomen with higher cognitive function, full high-school education, combat service, and normal weight were more likely to use OCPs. OCP use was associated with a lower risk of newly diagnosed mental health disorders, particularly among long-term users.