

# 8<sup>th</sup> Global Ophthalmology Meeting

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## Which is preferable? Two methods for pterygium surgery

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The purpose of this global integrative review is to synthesize evidence information regarding structuring PTSD diagnosis for determination of health and PTSD recovery for optimizing health by using cultural resilience. This paper provides a systemic and evidence review of cultural backgrounds in PTSD studies published literature from 2000 to 2015 related to PTSD. Three keywords (PTSD, resilience, culture) were used in the database search of PubMed, CINAHL, PsycINFO, and MEDLINE, and yielded 117 potential cultural PTSD studies, from which we finally selected 24 researches. Sample size ranged from 44 to 4,502, this review study's total sample size was 16,304 from 27 distinct regional areas. We synthesize determinant of PTSD in trauma type, data collection, nation, diagnosis criteria and sample size, prevalence of PTSD, cultural unique view, comorbidity, resilience and instruments. We found there were 2 ways of PTSD symptoms between neuro-biological and ethno-cultural symptoms. Victims of childhood abuse showed the highest prevalence of PTSD at 39.4%, man-made disasters 32.3, nature disaster 22.2 and lifetime trauma 10.8%. Cultural attitudes and linguistic idioms in cultural resilience affect trauma symptoms. PTSD is a cross culturally valid determinant reactivity with unique symptoms in culture. Our analysis found a new health model about cultural resilience factors of self-regulation affect optimizing functional recover from PTSD. This review's results are significant for health care professionals aiming to manage PTSD and promote resilience across diverse cultures. Social support factors strongly promote cultural resilience and natural recovery after trauma.

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