

Immigration - induced syndromes

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Immigration has been correlated widely with illness throughout history for two reasons. One reason was that people believed that immigrants carried illnesses from their countries. The other was that immigrants used public health services without paying for them, which was a problem for the host countries and their governments. The "Immigrant Syndrome" or "Ulysses' Syndrome" has been used with the purpose to cover all the immigrant health problems. However, several migration patterns are nowadays revealing a number of distinguishable syndromes that vary according to the country of origin, the host country, the age and sex of the immigrant, the duration of immigration, multiple host countries, poverty, educational status, marital status, employment, etc.

Ulysses' Syndrome

The experiencing of extreme hardships and terror forms the psychological and psychosocial basis of Immigrant Syndrome with Chronic and Multiple Stress. The individual suffers certain stressors or afflictions and presents a series of symptoms from several areas of psychopathology.¹ The most important stressors are:

- loneliness and the enforced separation from one's loved ones
 - sense of despair and failure
 - fight for survival
 - fear related to the afflictions suffered during the journey to the host country or/and hiding during the stay in the country.
- These situations of extreme hardship can affect immigrants for months on end, even years. The characteristic feeling of learnt defencelessness¹ is defined as the feeling that whatever the individual does he will not be able to change his situation. The symptomatology¹ includes symptoms of the area of depression, anxiety disorders, somatic symptoms (above all migraines, fatigue, osteoarticular complaints etc.) and symptoms of confusion as well as compulsive, often unreasonable ideas or emotions (they may think that they are cursed, that life burdens are directed by an unlucky destiny etc).

Immigration as a risk factor

Immigration has always been categorized among risk factors that create chronic stress. It is used in epidemiologic studies with the same protocols made for the study of imprisonment (and slavery in the past), poverty, divorce, living in an orphan foundation, etc. Immigration has also been seen in groupings that include criminality and rape victims. Health is definitely harmed in immigrants even if they are not poor.²

The critical period for immigrants' health

Recent immigrants seem to be more vulnerable in a wide spectrum of health hazards. The period of adaptation and integration

to the host country, the settlement period, is thought to be the most critical period for the development of illness induced by stress. It is noticeable that the duration of the critical period depends on the age of the immigrant. Perceived stressors and distress during a 1-year follow-up is significantly declined in middle-aged immigrants as shown by Ritsner M³, however the same does not happen in young and old aged groups.

Age and vulnerability of immigrants to illness

The so called "immigrant stress" varies according to perceived age-specific adjustment problems. Older immigrants have reported higher levels of health-related stressors, but do not differ on total social support from younger immigrants.³ Specific predictors of elevated distress differ by age. For the youngest, these include climate changes and anxiety for the future. For the middle-aged immigrants, these include female gender, lower education, unemployment, and longer time in the host country. For the oldest immigrants, predictors of distress include being divorced, separated, or widowed, and perceiving long-time residents of the host country as hostile.³

Ethnic differences - the healthy immigrant effect

It has been observed that particularly for countries of origin distant from the United States and Canada and from which most immigrants came voluntarily (as opposed to immigrating as refugees), immigrants tend to have better health status and better health practices than is the norm either in their country of origin or among second-generation or later-generation persons sharing their national heritage.⁴ This phenomenon is known as the "healthy immigrant" effect.⁵

Obesity, metabolic syndrome, or diabetes among immigrants

Obesity, diabetes and other metabolically related diseases have been increased in low income and minority communities. Particularly, the thrifty gene hypothesis was introduced to explain the high, and rapidly escalating, levels of obesity and diabetes among groups newly introduced to western diets and environments.

Psychiatric, behavioral disorders and addictions among immigrants

"Ulysses' syndrome", depression, and dysthymia are the most common mental health conditions described about immigrants. Suicidal behavior and suicide attempts are globally investigated in immigrant populations, with positive findings in first generation and second generation immigrants. The female sex, adolescence and domestic violence are reported as risk factors for the suicide attempters of immigrant populations.