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EV0986

Clinical features of PTSD and adjustment disorders in refugees from the zone ATO

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Aim To study clinical features of PTSD and adjustment disorders in refugees from the zone ATO.

Methods We have a complex psychopathological and psychodiagnostic research 156 refugees in volunteer center in Kharkiv.

Results Among the IDPs observed, 75.9% have violations of adaptation: long-term depressive reaction and predominant disturbance of other emotions. The men reactive alarm indicators (average – 37.7 ± 3.0), were higher than trait anxiety (average – 32.6 ± 2.9). On the contrary, women figures trait anxiety (average – 38.6 ± 2.9) were higher than reactive anxiety (average – 34.7 ± 3.0). Severity of depressive symptoms also slightly prevailed in women. The mean score on the Hamilton scale for men was 17.0 ± 2.3 points, women – 18.0 ± 2.3 points.

Test results on a scale of quality of life showed no significant differences between men and women. We have developed a medical and psychological support system to correct the neurotic disorders in refugees.

Conclusions The majority of people who left the ATO zone have psycho-emotional disorders of different severity and require a further correction in the specialized medical institutions.

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Complex trauma, somatoform dissociations & energetics therapy

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Introduction Mental health professionals find it very challenging to provide counselling and therapy when confronted with disclosures of ritual, satanic and extreme abuse. Psychometric and muscle testing can facilitate diagnosis and healing in this context. Psychiatrists of renown such as David Hawkins and Colin Ross have embraced and written about energetic medicine in their practice.

Objectives The presentation explains how somatoform dissociations are tell-tale indications of abuse and neglect of early childhood trauma and how 'Energetics' therapy facilitates healing.

Aims Delegates will learn to recognise somatoform dissociation symptoms, understand advances and limitations of psychometric assessment tools, appreciate energetics approaches as an adjunct to other intervention methods and gain an insight into the origins of complex trauma.

Methods Two case studies are used to illustrate causes, impact, diagnosis and healing of complex trauma.

Results A set of psychometric assessments helped to unravel a chilling revictimisation crime series. 'Twice Exceptional' characteristics were very high IQ coupled with Dyslexia, very weak auditory memory and psychic capabilities. In another case that stemmed from extreme abuse of ancient, commercial and high-tech vari-

eties muscle testing and energetics therapy lead to a remarkable recovery.

Conclusions Psychometric and muscle testing can inform diagnosis, therapy and healing. Energetics can be used to bring about profound healing for those who have repressed severe trauma. This method has many advantages in that parts of it are easily learned, it is non-invasive, has no side effects, gives patients control over their reactions, eliminates triggers and offers healing.

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Prefrontal cortex neurochemical changes in single prolonged stress as a model of post-traumatic stress disorder: In vivo magnetic resonance spectroscopy at 9.4 T

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Purpose Single prolonged stress (SPS) is an animal model of post-traumatic stress disorder (PTSD). Until now, it has not been known how PTSD develops from the first exposure to traumatic events and neurochemical differences between acute/single stress and PTSD-triggering stress. The object of this study is to determine neurochemical changes in prefrontal cortex of rats using in vivo proton magnetic resonance spectroscopy (1H-MRS) at 9.4 T.

Method and Materials Male Sprague-Dawley rats ($n = 11$; mean body weight: 200–220 g) were used. The SPS was used in this study. Rats were restrained for 2 h and then immediately forced to swim for 20 min in water (20–24 C). After a 15 min recuperation period, rats were exposed to ether until anesthesia occurred. MRS was performed 30 min before SPS, 30 min after the stressors, 3 and 7 days after the stressors to investigate time-dependent changes on metabolites levels in the PFC. Acquisition of MRI/MRS was conducted at four time points using 9.4 T Agilent Scanner. Concentration of metabolites was quantified by LCModel. A one-way ANOVA test with Tukey's HSD post-hoc test was used for statistical analyses.

Results The SPS resulted in altered absolute metabolite concentrations for GABA [F(3.0)=1.450, $P = 0.035$], glutamate [F(3.0)=3.417, $P = 0.026$], glutathione [F(3.0)=3.759, $P = 0.018$], NAA [F(3.0)=3.919, $P = 0.015$], total choline [F(3.0)=7.584, $P = 0.000$], total NAA [F(3.0)=3.760, $P = 0.018$], total creatine [F(3.0)=3.248, $P = 0.032$] and glutamine/glutamate [F(3.0)=3.552, $P = 0.023$] among the four time points.

Conclusion PTSD in human is associated with decreased neuronal activity in the PFC. In this study, SPS decreased glutamate (excitatory) and total choline (membrane turnover) on day 7.

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Mental disturbances on anti-terrorist combatants in Ukraine

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In Ukraine, the significant participants of the "Anti-Terroristic Operation" (ATO) need to provide a system of psychiatric, psychotherapeutic assistance. The 6 groups of disorders:

– non-pathological reaction (Z65.5);

- pathological reactions (F43.0);
- neurotic disturbances (F45);
- psychotic disturbances (F44);
- PTSD (F43.1);
- chronic personality changes (F62.0).

The system of complex assistant was provided. Step 1: emergency psychological assistance. It is carried out on the basis of crisis intervention, that is defined as the emergency and urgent medical and psychological first aid, aimed at the return of the victim to the adaptive level of functioning, preventing prodromal development of mental disorders, reducing the negative impact of a traumatic event. Step 2: medical and psychological support. The purpose is the relief of mental and behavioral disorders, prevention (secondary and tertiary), psychological maladjustment, progressive course of mental disorders, with the purpose, rational, suggestive, cognitive-behavioral (CBT), and others. The aim of psychotherapy is to support the patient's assistance, processing traumatic material reevaluation of the crisis, a change of attitude, increased self-esteem, develop realistic perspectives and active life position. It is important to restore a sense of competence and design future in which you can use a good past experiences. Step 3: the primary goal of treatment is relief of anxiety and fear, stress, adaptation to the human life and activity in conditions of continuing psychogenic. The most effective method of psychotherapy in these cases is CBT. Step 4: supportive. All steps developed by multimodal model of psychotherapy.

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Psychotherapies for complex trauma: A combination between EMDR and mindfulness

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Faced with the effects of trauma, new psychotherapies are emerging in France, converging especially around awareness, experience and emotion. The hypothesis put forward here concerns the complementarities of the two following approaches: Mindfulness, part of a behavioural and cognitive context. EMDR that uses neuroscience through its ABS. The implementation of a protocol based on EMDR and mindfulness, has shown convincing results on the demented elderly person suffering from complex PTSD. The protocol begins with a session devoted to anamnesis and symptoms evaluation. The second phase consists of desensitization and cognitive restructuring. The principal foundations rely on EMDR but also include mindfulness exercises to reduce anxiety due to the effects of therapy or otherwise allow the possibility to bring new material when it seems to encounter a deadlock. The third phase is the consolidation of therapeutic benefits. For this, ABS are based on the patient's resources and meditation exercises are performed in order to amplify the restructuring. The combination of these two therapies could allow to potentiate their respective effects. The single case study that we conducted allowed us to observe encouraging results: reduction of symptoms of revival, autonomic hyper-activation and avoidance. Effects were also observed for co-morbid symptoms namely depression, anxiety and psychotic manifestations. The combination of these two approaches seems profitable and requires replication.

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Augmentation effects of eye movement desensitization and reprocessing (EMDR) intervention in pharmacotherapy-resistant PTSD

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Aim Both trauma-focused cognitive behaviour therapy and antidepressant medication are regarded as the first line treatments for post-traumatic stress disorder (PTSD). However, little is known about sequential or combined efficacy of these two different treatment options. This prospective study examined the add-on efficacy of eye movement desensitization and reprocessing (EMDR) therapy among adult civilians with PTSD who continued to be symptomatic after antidepressant treatment.

Method Adult patients with PTSD at a specialized trauma clinic who received treatment doses of antidepressants for more than 12 weeks were recruited; definition of symptomatic PTSD was a total score > 40 on the Clinician-administered PTSD Scale (CAPS). The CAPS and the global improvement from Clinical Global Impression (CGI) were rated prior to EMDR, after termination and six months follow-up.

Results A total of 15 patients underwent an average of six sessions of EMDR and 7 (47%) of 15 no longer met the criteria for PTSD and 10 (67%) were given status of very much or much improved. The CAPS scores and significantly decreased after EMDR therapy (paired $t = 7.38$, $df = 14$, $P < 0.0001$).

Conclusion These results indicate that EMDR or trauma-focused CBT can be successfully added to those who failed to improve after initial pharmacotherapy for PTSD. Further studies are needed to explore the best sequence or components of therapies in the treatment of PTSD.

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EV0992

Impact on new onset stress and post-traumatic stress disorder (PTSD) in relatives of patients admitted to an intensive care unit evaluated by diaries study

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Introduction ICU diary is effective in aiding psychological recovery and reducing the incidence of new onset PTSD in patients three months after ICU discharge. The impact of ICU diaries on PTSD in relatives of critically ill patients in Australia has not been fully elucidated.

Aims and objectives To determine the impact of ICU diaries on the incidence of PTSD, stress and family satisfaction in the relatives of critically ill patients.

Methods One hundred and eight consecutive patients, staying > 48 hours in a tertiary ICU were identified. A survey using