

EPV0771

Mechanisms of the formation of psychological disadaptation in combatants with a distinction based on the signs of adjustment disorders and PTSD

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doi: 10.1192/j.eurpsy.2023.2076

Introduction: Contemporary for combatants with signs of adjustment disorders (AD) consists of “distorted” thoughts about the displacement of the value of one’s role, the loss of a certain significant position. This can be seen from the analysis of complaints about the feeling of anxiety, tension, asthenia, mood swings, lack of emotional regulation and the assessment of well-being criteria. It is important to understand what is a preventer of maladjustment, and what is a predictor of the formation of psychological adaptation disturbances in combatants with a distinction based on the signs of AD and PTSD.

Objectives: Based on the analysis of violations of the psycho-emotional sphere, peculiarities of perception of the social environment, understanding of one’s role in traumatic events, and personal adaptation potential, predictors and preventers of violation of psychological adaptation among combatants are determined.

Methods: The clinical investigation based on psychiatric examination with the narrative motivation interview, psychological examination by Mississippi Scale for Combat-Related Posttraumatic Stress Disorder.

Results: The predictors of impaired psychological adaptation in combatants with AD: Low indicators of moral normativity, which structure thoughts and help in the interpretation and analysis of negative experienced events of a stressogenic level. Preventers of violation of psychological adaptation in combatants with AD: Communicative potential, which lies in the structure of personal adaptation potential. This indicator indicates the presence of a need in the social environment and opportunities for realization, that is, as a resource of the individual. The ability to receive from the social environment a sense of support, reinforcement of self-esteem, motivation for activity, determination of the goals of future projects. Predictors of impaired psychological adaptation in combatants with PTSD: Low communicative potential, which, under the significant influence of stressogenic factors, isolates from close social interaction and does not allow family members to influence the emotional state. Family support is diminished and perceived as a trigger for anger. Fixation on the intensity of emotional experiences, maintaining the tone of negative manifestations, as a form of receiving punishment. Keeping under control one’s values in the life system and an attempt to reorient oneself to the future.

Conclusions: Relying on preventers as the resource base of the personality of combatants and predictors as targets of psychocorrective intervention in the tasks of the medical and psychological rehabilitation program, algorithms for further psychocorrective intervention were determined.

Disclosure of Interest: None Declared

EPV0770

PSYCHOPATOLOGICAL PROFILE OF SERBIAN RACE DRIVERS WITH PTSD

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doi: 10.1192/j.eurpsy.2023.2077

Introduction: Race with cars is currently one of the most popular sports.

Objectives: The aims of this study are establishing the profile of persons with posttraumatic stress disorder by using psychopathological dimensions – clinical scales (MMPI). Psychiatric measures (HAMD, HAMA, API) exploited to detect differences between acute and delayed type of PTSD on the level of depression, anxiety, and readiness for panic.

Methods: The research included 30 drivers: 20 have reacted with acute and 10 with delayed onset of PTSD. Diagnosis criteria were DSM-V.

Results: The scores on subscales at MMPI personality profile for acute and delayed type of PTSD, are much higher D (T=80.15, t=3.10, p<0.05) and Hy (T=79.25, t=3.02, p<0.05), in relate to normal (T=70). There was high level of appearing the structural correlates D (t=4.22, p<0.01) and HS (t=3.43, p<0.01) in delayed PTSD in relate to acute.

Conclusions: There is a higher level of depression (HAMD: t=4.03, p<0.01) and of anxiety (HAMA: t=3.05, p<0.05). There is no statistical difference between acute and delayed PTSD, considering the panic. Whether running risk remains controversial.

Key words: PTSD, cars drivers, and psychological profile

Disclosure of Interest: None Declared

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Military psychological trauma: The contribution of EMDR

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doi: 10.1192/j.eurpsy.2023.2078

Introduction: The treatment of psychological trauma is an integral part of the health care provided to military patients in Tunisia. For patients with PTSD several therapeutic options are proposed to patients as EMDR but there are various barriers to the use of EMDR. It seems that being patients consider the therapy which necessitate recognition and expression of emotional distress as a weakness. Added to that patients may be judged negatively by others and experiencing social rejection and isolation which limited the use of EMDR in a military setting.

Objectives: The aim of this study is to study the contribution of the EMDR associated to pharmacological treatment in PTSD among military patients comparing to patients who received only medication .

Methods: The study was conducted since 2021 during ten months at the military hospital concerned two groups of patients with PTSD the first one composed of four military patients with PTSD who received 11 sessions of EMDR associated to medication and the second one four patients exposed to the same trauma under medication only. The evolution of troubles were assessed using PCL-5 scale and medication compliance was assessed by psychometric scale MARS .Other data was gathered from medical files .

Results: The first group of four military patients who were followed for PTSD since a year under pharmacological treatment presented sleep disorders with flashbacks and nightmares , . The patients consulted for a depressive disorder and asocial isolation with feelings of insecurity about others. Psychiatrists proposed to associate 11 sessions of EMDR . At the end of sessions the evolution was interesting with regression of symptoms and remission comparing to the second group who presented relapses ten months later.

Conclusions: To improve symptoms of PTSD The use of EMDR is not systematic in a culture where emotional expression is restrictive in an environment that favors the intellect over the emotions. However EMDR can help the military patients with PTSD to link cognition to the emotions. Psychiatrists should propose this therapy as well as possible to patient with severe trauma to avoid relapse .

Disclosure of Interest: None Declared

EPV0772

Caesarean section and post traumatic stress disorder

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doi: 10.1192/j.eurpsy.2023.2079

Introduction: Childbirth can be a very painful experience, especially vaginally. It can have many complications. The obstetrical complications of caesarean section are well studied but its psychological complications are little mentioned. Most women recover quickly after giving birth, but others seem to have more difficulty. Researchers have attempted to identify perinatal risk factors for the development of post-traumatic stress disorder in parturients and caesarean section seems to be one of the predictors.

Objectives: The objective of our study is to detect post traumatic stress disorder in women after vaginal delivery.

Methods: This is a cross-sectional descriptive study conducted among women from the general population who have given birth vaginally. The information was collected using a questionnaire distributed on social networks. Symptom severity was quantified using the PTSD checklist for DSM-V (PCL-5).PCL-5 is a 20-item self-assessment that measures the 20 DSM-5 symptoms of PTSD. She rates each symptom from 0 (not at all) to 4 (extremely). The score varies from 0 to 80. A threshold of 33 allows screening for post-traumatic stress disorder.

Results: 61 women took part in this study, 81.5% of whom gave birth vaginally between the ages of 20 and 30.70.3% of the

participants gave birth vaginally once, 44.4% twice and 7.3% of the women in our sample had a caesarean three times.Regarding the indication of the high way in our sample: the narrowing of the pelvis and fetal distress were in 22.2%. Exceeding term was in 18.5% of cases.In our sample, 59.3% of the women had planned their vaginal delivery and 40.7% had given birth urgently.Regarding the results of the PCL-5 scale (PTSD checklist for DSM-V), the score varies between 0 and 48 with a median score equal to 12. 3.7% of the participants had a score greater than 33.

Conclusions: Post-traumatic stress disorder can accompany childbirth, especially when it is high and in an emergency. Postpartum post traumatic stress disorder affects the mother-child relationship and can be complicated by depressive disorder. Medical monitoring of pregnancy, good medical and family support for the parturient and preparation for childbirth are necessary to better start the maternity experience.

Disclosure of Interest: None Declared

EPV0774

A Systematic Review of the Effect of Post-traumatic Stress Disorder Programs for Nurses

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doi: 10.1192/j.eurpsy.2023.2080

Introduction: Nurses are at an increased risk for work-related stress resulting in post-traumatic stress disorder (PTSD). They are susceptible due to frequent exposure to traumatic situations providing care for patients.

Objectives: The purpose of this systematic review is to comprehensively review the content and characteristics of intervention programs for reducing the post-traumatic stress of nurses or nursing students, providing a basis for developing a standardized protocol for programs to promote the integrated health of nurses and protect them from stress events in clinical environments.

Methods: This is a systematic review. Participants (P) targeted nurses or nursing students; Intervention (I) included intervention programs for reducing post-traumatic stress; Comparison (C) was control groups provided with usual or no interventions ; and Outcomes (O) referred to changes in physical or emotional reactions toward post-traumatic stress. Two researchers searched four databases including PubMed, CINAHL, PsycINFO, and EMBASE with keywords such as “nurse,” “post-traumatic stress disorder,” “program,” and “intervention”. A total of 7,523 studies were searched and 10 studies were included for final analysis (Image 1). The Risk of Bias2 (Image 2) and the Risk of Bias for Non-randomized Study I (Image 3) were used to evaluate the quality of the included studies.

Results: The number of studies is increasing, with four studies published before 2020, and six studies published since, of which three in 2022. Definitions of trauma situations to which nurses are exposed included diverse elements such as patient death, workplace violence, the COVID-19 pandemic, and complex trauma experiences due to working environments. Most studies have provided