

following keywords: Late-Onset Post Traumatic Stress Disorder, triggers, prevention, intervention

Results: At first, there was hypothesized that aging-related challenges (role transition and loss, death of family members and friends, physical and cognitive decline) might lead to increased reminiscence, and possibly distress, among Veterans who had previously dealt successfully with earlier traumatic events. However, recent studies have proposed that in later life many combat Veterans confront and rework their wartime memories in an effort to find meaning and build coherence. Through reminiscence, life review, and wrestling with issues such as integrity versus despair, they intentionally reengage with experiences they avoided or managed successfully earlier in life, perhaps without resolution or integration. This process can lead positively to personal growth or negatively to increased symptomatology.

Conclusions: Therefore the role of preventive intervention in enhancing positive outcomes for Veterans who reengage with their wartime memories in later life should be reconsidered.

Disclosure: No significant relationships.

Keywords: Late Onset Post Traumatic Stress Disorder; triggers; prevention; Trauma

EPV1026

Gender Differences after Digital Interventions in the Golden Hours after Traumatic Events

S. Lahutina

Bogomolets National Medical University, Medical Psychology, Psychosomatic Medicine And Psychotherapy, Kyiv, Ukraine
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Introduction: Digital technologies are used in the prevention of post-traumatic stress disorder (PTSD). There is no clear evidence for effective gender-sensitive preventive measures for PTSD. Using Tetris during the golden hour after trauma can reduce intrusive memories and thus reduce the likelihood of PTSD in the future.

Objectives: Understand the features of gender differences after psychological interventions in patients in the acute period after a traumatic event. Video games that use visual-spatial efforts over a fixed time and frequency (Tetris) may reduce the likelihood of developing PTSD.

Methods: Main inclusion criteria was an exposure to traumatic event (time from traumatic event - 0-24 hours). Respondents were assessed by PTSD symptom scale (PCL-5), peritraumatic distress scale (PDS), peritraumatic dissociative experience scale (PDES) and global functioning scale (GFS), intrusion diary (intervals: week 0, week 4, week 8, week 12).

Results: PTSD symptoms were more severe in female participants ($p \leq 0,05$). Participants in the Tetris game group recorded significantly fewer intrusive memories during the first week after the traumatic event than participants in two other groups, with a mean effect size of 57 ($M = 8.73$ vs. $M = 23.26$, $t(69) = 2.80$, $P = 0.005$, $d = 0.67$, 95% CI: 0.18, 1, 14). After the first month of follow-up, members of the Tetris game group reported less stress from intrusive symptoms.

Conclusions: Tetris intervention may reduce intrusive memories of real trauma. Women had more severe PTSD symptoms. Due to the small number of samples, the study should be repeated.

Disclosure: No significant relationships.

Keywords: Stress; Gender differences; traumatic event; digital technology

Precision Psychiatry

EPV1028

Predictors of rehospitalization in Psychotic Patients after their first hospitalization

P. Álvarez^{1,2*}, A. Palau¹, C. Russo¹ and E. Nieto¹

¹Fundació Althaia Xarxa Assistencial of Manresa, Psychiatry, Manresa, Spain and ²Fundació Althaia Xarxa Assistencial of Manresa, Psychiatry, Manresa (Barcelona), Spain

*Corresponding author.

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Introduction: It is important to determine those clinical factors that imply a greater risk of rehospitalization in psychotic patients

Objectives: To determine the rate and predictors of rehospitalization in psychotic patients after their first hospitalization

Methods: We include all Psychotic patients admitted for first time in their life in our Psychiatric Unit between 2009 and 2019 (N=359), including all diagnosed according DSM-IV of Schizophrenia or other Psychotic disorders -Multiple clinical, sociodemographic and biological variables of the basal hospitalization were recorded With the SPSS program we compared the variables between patients who needed any hospitalization in the follow-up until 31th December 2019 and those who do not. We use the Chi square (qualitative variables) and the Student T (quantitative variables)

Results: 109 psychotic inpatients had at least one rehospitalizations (30,4%). The qualitative variables significantly associated with rehospitalization were : cannabis in urine at admission ($P < 0.03$), and treatment with risperidone ($P < 0.014$). Instead treatment with long acting paliperidone was associated with absence of rehospitalization ($P < 0.005$). The quantitative variables related significantly with multiple rehospitalization were : lower age ($P < 0,015$) lower HDL cholesterol levels ($P < 0.02$) and higher years of follow-up after discharge ($P < 0.000$)

Conclusions: 1-More of 30% of psychotic patients need rehospitalization after their first hospitalization in a mean of follow up of 5,8 years 2-Lower age, longer follow-up period and treatment with risperidone are significantly associated with rehospitalization, instead treatment with long acting paliperidone are significantly associated with absence of rehospitalization

Disclosure: No significant relationships.

Keywords: hospitalization; paliperidone; psychotics; predictors

EPV1029

An International External Validation and Revision of the PsyMetRiC Cardiometabolic Risk Prediction Algorithm for Young People with Psychosis

B. Perry^{1*}, F. Vandenberghe², E.F. Osimo^{1,3}, C. Grosu², M. Piras², P. Jones¹, P. Mallikarjun⁴, J. Stochl¹, R. Upthegrove⁴, G. Khandaker¹ and C. Eap²

¹University of Cambridge, Dept Of Psychiatry, Cambridge, United Kingdom; ²Lausanne University Hospital, Chuv, Lausanne, Switzerland; ³Imperial College London, Institute Of Clinical Sciences, London, United Kingdom and ⁴University of Birmingham, Institute Of Clinical Sciences, Birmingham, United Kingdom

*Corresponding author.

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