

DASS-21, IES-R, and FS-ICU questionnaires was performed followed by a repeat survey 90 days post discharge from ICU. An IES-R score of >33 was used to define PTSD. A FS-ICU score <5 was used to define dissatisfaction.

Results Forty subjects refused to participate, eight were excluded, sixty family members were included for analysis on an intention to treat basis which included 36 completed diaries. Whilst there was no association between PTSD at 3-month follow-up and diary use (P -value = 0.9), there was an association with PTSD at baseline (P -value = 0.02) and unemployment (P -value = 0.0045). Medical patients had mean PTSD score 3.0 units greater than surgical (estimate = 3.0, 95% CI: 0.3, 5.7). Families who were dissatisfied (FS-ICU score of <5) were not at more at risk of developing PTSD than families who were satisfied (P -value = 0.74).

Conclusion ICU diaries did not impact on the incidence of stress, family satisfaction with care and PTSD in relatives of patients in this index population.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0993

Repeated programmed hospitalizations (RPH) in the care of French military suffering for war post-traumatic psychiatric disorders: Interests and limitations

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Introduction The long-term management of psychiatric wounded patients with prolonged disorders requires a rethinking of our practice of care.

Objectives The aim is to propose an integrative model of all valid therapies in the post-traumatic-stress disorder while taking care of co-morbidities and ensuring patient support in the different administrative procedures that permit reconstruction. Repeated short-term hospitalizations can meet this objective by mobilizing resources, creating group dynamics, restoring a space of safety, allowing a rupture with the environment, preventing recurrence of crises, and by encouraging the historicization of trauma by the temporal sequences of intra/extra-hospitalisation repetition.

Method We propose, by means of a review of the literature, to discuss on a psychopathological level the interest and limits of this mode of care.

Results This work reveals the specific therapeutic effects of repeated programmed hospitalizations, which constitute a new modality of institutional psychotherapy.

Conclusion Rethinking the place of hospitalisation in the management of psychiatric illnesses can be useful to all psychiatrists who follow patients with chronic and co-morbid disease.

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Impact of terrorist attacks on the profile of consultants at the outpatient department of Razi hospital

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Introduction A trauma is an uncommon experience of violence in which the physical and psychological integrity of an individual or group has been threatened. Intentional violence in general and terrorist attacks in particular are a perfect example of this. It turns out that during the year 2015 Tunisia was shaken by a series of terrorist attacks as sudden as violent. What impact would these actions have on the profile of consultants at the Razi hospital?

Methods A retrospective and descriptive study of the consultants between January 1, 2015 and December 31, 2015, while determining the socio-demographic, clinical and therapeutic profile of the consultants for the first time at the outpatient clinic of the Razi psychiatric hospital, and indicating the different changes during the month following each attack; Bardo 18 March, Sousse 26 June and Mohamed V 24 November.

Results Our study pointed to an increase in the number of consultants at the hospital (31%) and outpatient (128%) levels during the year 2015, without increasing the number of consultants. New consultants. The new consultants are younger with a strengthening of the female predominance (56.8). In the months following the attacks from the same period of the previous year, we found that diagnoses of acute and post-traumatic stress disorders (151%) and (93%) increased in percentage.

Conclusion The impact of terrorist attacks is harmful to people directly exposed but also to vulnerable people. It imposes the necessity of a preventive activity involving multidisciplinary interventions in order to develop the concept of resilience.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Five sessions of in vivo exposure therapy for post-traumatic stress disorder: A case report

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Introduction Prolonged exposure (PE) is recognized in many guidelines as an effective, evidence based treatment for post-traumatic stress disorder (PTSD), with the active ingredients being in vivo and imaginal exposure. Despite this, patients and clinicians are often reluctant to engage in this form of treatment. Imaginal exposure can be perceived as too anxiety provoking, leading to discomfort among both patient and clinician. In vivo exposure alone, however, has also been established as an effective treatment for anxiety disorders that can provide significant results in a rapid manner.

Methods A 31-year-old female with no prior psychiatric history presented to treatment in an acute depressive episode following a motor vehicle accident two years prior. She also met criteria for PTSD. Her Beck Depression Inventory (BDI) and PTSD Checklist for DSM-5 (PCL-5) scores were 42 (severe depression) and 64, respectively. Due to constraints, a modified form of PE was initiated, with five in vivo exposure sessions conducted.

Results After five sessions of in vivo exposure, the patient's PCL-5 score decreased from 64 to 36 and her BDI score decreased from 42 to 13 (minimal depression).

Conclusions This case report underscores the effectiveness of a modified form of PE, using in vivo exposure alone as a treatment for PTSD. This has significant implications in particular for patients or clinicians who are unable to initiate imaginal exposure (e.g., patient finding it too difficult to tolerate/refusing to engage, language barriers, etc.). In such situations, in vivo exposure appears to be an alternate, effective, short-term treatment option.

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