

schizoaffective disorder ($p=0,00$) and poor adherence to treatment ($p=0,00$) in affected relatives were associated with experiences of moderate–severe aggression. More than a half of caregivers (54.7%) reported potentially significant levels of PTSD which correlated with the level of aggression ($p=0.00$).

Conclusions: Our findings suggest that a large proportion of family caregivers of patient-initiated violence in psychosis reported experiencing a great distress and a high level of PTSD symptomatology. So, more attention should be paid to the support needs of caregivers who are faced with potentially life threatening aggressive behaviour by psychotic family members.

Keywords: Aggression; caregivers; psychosis; post-traumatic stress disorder

EPP0941

Factors associated with post-traumatic stress disorder in family caregivers of psychotic patients

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doi: 10.1192/j.eurpsy.2021.1204

Introduction: An association can be found between patient with psychosis and perpetrating acts of violence. So, the caregiving role can impact negatively on psychosis carer psychological health and wellbeing.

Objectives: The aim of this study was to identify the factors associated with post-traumatic stress disorder (PTSD) in family caregivers of psychotic patients following exposure to aggression.

Methods: This cross-sectional study was carried out involving 95 family caregivers of psychotic patients followed in psychiatry. Data were gathered from caregivers about their experiences in providing care. Sociodemographic and clinical data of patients were collected from medical records. We used the perceptions of prevalence of aggression scale (POPAS) to measure the frequency and severity of aggression directed at the respondent in the past and the Impact of Event Scale-Revised (IES-R) to evaluate PTSD.

Results: The caregivers were male in 51.6% and with low educational level in 46.3% of cases. A rate of 75.8% of caregivers reported experiencing moderate to severe levels of aggression. More than a half of caregivers (54.7%) reported potentially significant levels of PTSD. Decreased contact with patient ($p=0.01$), male gender ($p=0.00$), older age ($p=0.00$), living far from patient ($p=0.00$), parent relationship of caregivers ($p=0.00$), diagnosis of schizophrenia or schizoaffective disorder ($p=0.00$) and poor adherence to treatment ($p=0.00$) in affected relatives were associated with the presence of PTSD following exposure to moderate to severe aggression.

Conclusions: These findings highlight the need for interventions to promote family psychoeducation and to provide psychosocial support for caregivers of patients in order to prevent the traumatic impact of violence on them.

Keywords: Aggression; caregivers; post-traumatic stress disorder; psychosis

EPP0942

Prevalence of post traumatic stress disorder in children with mild traumatic brain injury

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doi: 10.1192/j.eurpsy.2021.1205

Introduction: Children with traumatic brain injury (TBI) are at risk for post-traumatic stress disorder (PTSD). The vast majority of TBI are of mild severity (MTBI), however, they may develop persistent neurophysiological symptoms.

Objectives: The purpose of this study was to investigate the incidence of PTSD in children with MTBI in Western Greece.

Methods: A one-year prospective study was conducted at the Children Hospital of Patras. A total of 175 children aged 6-14 years screened for risk of PTSD at one-week and one-month post-injury, completing the Child Trauma Screening Questionnaire (CTSQ). The Children’s Revised Impact of Event Scale (CRIES 13) was administered to the parents, to inquire their assessment of PTSD in the children. Statistical analysis was performed with IBM SPSS v.22.0

Results: There were 59 (33.7%) children (27.2% boys, 45.9% girls) whose screen result was at risk. At the rescreening one-month postinjury, 9.9% were still at risk. Parents assessed presence of PTSD in 19% of their children at one-week and in 3.9% at one-month post-injury. There was a positive correlation between parenting and child reporting on symptoms of PTSD in children. However, 23.4% mistakenly estimated their children did not experience stress while in fact they did and 24.2% mistakenly estimated the contrary.

Conclusions: The findings revealed the risk of PTSD even in mild TBI, justifying thus the screening to identify these children for intervention strategies. On the other hand, the rescreening demonstrated that not all at-risk children required intervention, since a natural remission in PTSD symptoms was observed one-month post-injury.

Keywords: PTSD; Children; brain; injury

EPP0945

Post-traumatic stress disorder and stroke in the elderly

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doi: 10.1192/j.eurpsy.2021.1206