location and with whom) and subjective (enjoyment, satisfaction, meaningfulness) dimensions.

Results: The participation was found to be inferior in PTSD in the following dimensions: number of activities, participation frequency, and enjoyment (2.72<3.9, p<.01), and experienced low meaning within the participation. Number of participated activities was correlated with self-reported EF (r=0.465, p<.05), and environment properties (r=0.5, p<.01). Frequency of participation was associated with self-reported EF (r=0.45, p<.05). In addition, number of activities, frequency and experience of meaning were inferior in those who reported on avoidance from sensory stimuli in daily life (71%; 2.5<t<2.9, p<.05). PTSD symptoms severity was not correlated with the participation (-0.35<r<-0.01, p<.05).

Conclusions: The restriction in both objective and subjective dimensions of participation in PTSD raises major concern given the profound effect of participation on well-being, and individual and community burden. The study reveals unique patterns of association between the participation indices and personal and illness related factors in PTSD, suggesting that objective factors are of less impact in comparison to subjective ones; and aspects of cognitive and sensory regulation as well as environment are of particular importance for participation. This pilot study demonstrates a need for further research to expand our knowledge in the field with the ultimate goal of contributing to well-being and health of individuals with PTSD.

Disclosure of Interest: None Declared

EPP0725

The analysis of psychosomatic disorders in medical students in the context of their exposure to traumatic events

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Introduction: Stress is inextricably linked to mental well-being while stressful events remain a major contributor to many common psychosomatic disorders. Traumatic events are universal stressors. Only some individuals participating in stressful events do not develop full-blown post-traumatic stress disorder (PTSD) but many of them manifest psychosomatic symptoms with a strong psychological component

Objectives: The current study compared the severity of somatization, anxiety, depression, and distress in medical university students who were exposed and in those who were not exposed to a traumatic event.

Methods: Data were collected from 594 students of different faculties of the Poznan University of Medical Sciences in Poland. Participants were asked whether or not they had experienced any psychological trauma events and were asked to rate the intensity of psychosomatic symptoms they manifested. The data was collected using the Posttraumatic Diagnostic Scale (PDS) questionnaire and The Four-Dimensional Symptom Questionnaire (4 DSQ).

Results: The study found that 78% of study participants experienced a traumatic event while 15% of them reported moderate and severe PTSD symptoms. 45% subjects reported moderate or high stress levels, 23% subjects reported symptoms of depression while 30% reported symptoms of anxiety. The analysis also demonstrated 26% of students participating in the study reported somatic symptoms.

In the subgroup of study participants with trauma history trauma sufferers, 36% subjects declared they experienced a one-time event, 23% subjects experienced trauma event twice while others experienced trauma ≥three times. The number of traumatic events was positively associated with the number of PTSD symptoms and severity of psychosomatic manifestations such as stress, depression, anxiety and somatization. In addition, the study analyzed whether traumatic events resulted from conscious and intentional harm by others. In this respect, 16% of subjects declared they participated in an event that was consciously and intentionally caused by others (e.g., battering or abuse). Students who experienced traumatic events related to intentionally harming another person were characterized by a greater severity of depression.

Conclusions: Study indicates that experiencing traumatic events is associated with a greater severity of a range of psychosomatic symptoms.

Disclosure of Interest: None Declared

EPP0726

Posttraumatic orientation to bodily signals: The engraving of trauma in bodily perceptions

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Introduction: Theoretical perspectives emphasize that trauma and complex/posttraumatic stress disorder (C/PTSD) may interrupt with the perception of normal day-to-day bodily sensations, such as hunger, temperature and pain. Yet, a coherent conceptual synthesis of such processes is still lacking.

Objectives: This presentation portrayes two studies that provide empirical grounding for the conceptualization of 'Posttraumatic Orientation to Bodily Signals' (posttraumatic-OBS); an umbrella term reflecting the tendency to interpret bodily signals as catastrophic and frightful following trauma.

Methods: Two studies assessing exposure to trauma, C/PTSD, and OBD (Pain catastrophizing scale, PCS; body vigilance scale, BVS; Anxiety sensitivity index-physical), were conducted to test the hypothesized association between exposure to trauma and posttraumatic-OBD, as explained by C/PTSD.

Results: Study 1 included 59 ex-prisoners of war and 44 controls along three time-points, revealing that exposure to trauma was associated with a more catastrophic OBS (t = 2.73, p = .008; Cohen's d = .57), which was mediated by longitudinal hyperarousal PTSD symptoms (indirect effect = .04 [.009, .11]). Additionally, a long-term chronic trajectory of PTSD was implicated in a more catastrophic OBS (F (2102)=6.91, p = .046).

Study 2 included 194 dyads of mothers and their young adult daughter. Dyadic path analyses demonstrated that OBD was associated with exposure to trauma, through the mediation of CPTSD

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among mothers (indirect effects between 0.13–0.28; $p > 0.021$) and daughters (indirect effects between 0.21–0.11; $p > 0.032$). Mothers' OBD was associated with daughters' OBD (effects between 0.19-0.27; $p < 0.016$). Daughters' OBD was serially associated with mothers' trauma exposure through mothers' CPTSD and mothers' OBD, (indirect effect = 0.064; $p = 0.023$). The findings demonstrate that trauma is often implicated in posttraumatic-OBD, which is mediated by C/PTSD, and that these processes may be intergenerationally transmitted.

Conclusions: The findings lay the foundation for the conceptualization of posttraumatic-OBD. The implications of the unified encapsulation of posttraumatic-OBD as an umbrella term reflecting subjective perception of bodily sensations for future research and practice will be presented.

Disclosure of Interest: None Declared

EPP0727

Four Days Exposure And Reprocessing Therapy For PTSD

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Introduction: Post-traumatic stress disorder (PTSD) is a debilitating disorder affecting approximately 6% of the population. Current treatments have been shown to efficaciously reduce symptom burden between 30%-50%. However, due to the high intensity of treatment over a long period of time. drop-out rates are as high as 50%.

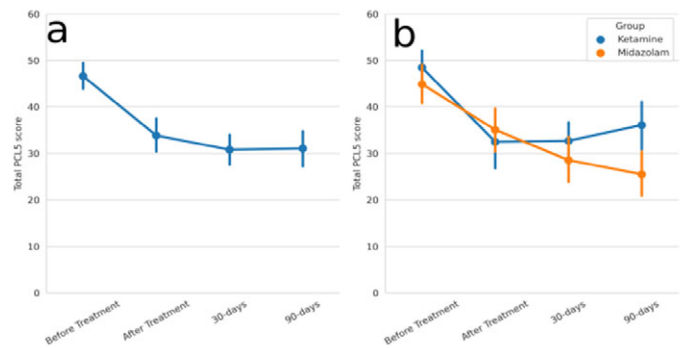
Objectives: Assess the effect of one-time ketamine infusion in subanasthetic dosage on PTSD psychotherapy

Assess feasibility and effect of massed, four days, esposure focused psychotherapy for PTSd

Methods: Here, we tested the efficacy of a four-day exposure and processing-focused psychotherapy at reducing PTSD severity. Twenty-seven participants with chronic PTSD were randomized to two groups, one receiving a one-time infusion of ketamine in a subanesthetic dose (0.5mg/kg for 40 minutes), the other receiving midazolam. Both groups underwent four 90-120 minutes of daily psychotherapy sessions a day after infusion, followed by in-vivo exposure practice. The severity of PTSD was assessed with the PCL-5 before and at the end of treatment, and at 30 and 90 days follow-up. Brain reactivation to the trauma reminders was measured using fMRI

Results: PTSD severity in both treatment groups decreased by 13, 16, and 15 points on the PCL-5 at the end of treatment, 30 days follow-up, and 90 days respectively, surpassing the minimum clinical difference of 7.9 points. There was no significant difference in symptom reductions between the treatment groups. However, brain reactivation to trauma stories differed between the groups, with the ketamine group showing a decline in the amygdala and hippocampus reactivation compared to the midazolam group, at the end of treatment.

Image:



Conclusions: Our results imply comparable efficacy of this short-term intervention to standard trauma-focused psychotherapies, emphasizing its clinical usefulness as a short and effective intervention.

Disclosure of Interest: None Declared

EPP0729

The Functional Significance of a Novel Conceptualization of Intrusion Symptoms of PTSD

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Introduction: Intrusion symptoms are a core defining feature of posttraumatic stress disorder (PTSD). It was recently proposed that intrusions may be comprised of two distinct underlying processes: internally-cued intrusions (e.g., memories), and externally-cued intrusions (e.g., reactions to one's environment). Preliminary empirical evidence demonstrated superior fit of an 8-factor model of PTSD, separating intrusion symptoms into an in internally-cued and externally-cued symptom cluster over other factor models of PTSD. However, whether these two clusters are related differently with functional outcomes was not investigated previously.

Objectives: This is the first study to examine the functional correlates of the internally-cued and externally-cued intrusion symptom clusters in PTSD to assess whether separating intrusion symptoms into these two clusters is of clinical and scientific relevance.

Methods: Participants included 7460 veterans discharged from 40 VA PTSD residential treatment programs (RRTPs) across the United States in fiscal years 2018 through 2020. Demographic data was collected using a self-report form during the admission process. Symptoms of PTSD, anxiety, depression, and emotional and physical functioning were assessed with the PTSD Checklist for DSM-5, the Patient Health Questionnaire-9, the Generalized Anxiety Disorder Questionnaire-7, and the corresponding subscales of the Short Form 12-item Health Survey, respectively. Latent network modeling

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