

quality of life (QoL). However, how they impact QoL in long-term LT survivors is unclear.

Objectives: The study aimed to assess the associations between personality traits and cognition and their impact on the QoL in long-term LT survivors.

Methods: First time LT recipients due to end-stage alcohol liver disease without long-term complications were consecutively included during standard outpatient care. Sociodemographic and clinical data was collected. Personality traits were assessed using 50-item International Personality Item Pool of the Five-factor model (IPIP), cognition using Mini Mental State Examination (MMSE), and QoL using EuroQoL-5D (EQ-5D) questionnaire.

Results: Eighty-three participants were included (mean age 62.9 ±7.03y, 90.6% male). Median MMSE score was 27±2.00, and median years since LT 5±2.91. Significant positive associations were found between IPIP dimensions Extraversion (B=0.297, p<0.01), Agreeableness (B=0.384, p<0.01), Conscientiousness (B=0.511, p<0.01), and Emotional stability (B=0.432, p<0.01) with EQ-5D visual analogue scale (EQ-VAS). IPIP dimension Conscientiousness (B=0.338, p<0.01) and Emotional Stability (B=0.379, p<0.01) were significantly associated with descriptive dimension of EQ-5D (EQ-5D-3L). MMSE score was significantly associated with QoL (EQ-VAS B=0.291, p<0.01; EQ-5D-3L B=0.283, p<0.05, respectively). However, MMSE score was not shown to be a statistically significant predictor of QoL, whereas Conscientiousness was a significant predictor of EQ-VAS (β 1.404, t 3.125), and Emotional stability of EQ-5D-3L (β 0.011, t 2.132).

Conclusions: Some personality traits predicted QoL in long-term LT survivors. Therefore, assessment of personality traits should be considered as a part of pre-LT evaluation within a regular psychiatric clearance evaluation.

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Post-Traumatic Stress Disorder

EPP0509

Prevalence and predictors of PTSD and resilience among Adolescents and Young Adults: Findings from the MoreGoodDays Support Program in Alberta, Canada

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Introduction: Adolescents and young adults have particularly been impacted by the COVID-19 pandemic, leading to a rise in the incidence of mental health issues. Increased exposure to traumatic

events may lead to decreased resilience and subsequently increased likely PTSD.

Objectives: This study sets out to examine the predictors and prevalence of likely PTSD and determine the level of resilience among adolescents and young adults.

Methods: A cross-sectional study using an online survey questionnaire was adopted to collect sociodemographic and clinical information from the subscribers of MoreGoodDays. The PTSD Checklist Civilian (PCL-C) and the Brief Resilience Scale (BRS) was respectively used to assess likely PTSD and resilience Data was analyzed with SPSS version 25 using chi-squared tests and multivariate logistic regression analysis.

Results: 343 of MoreGoodDays subscribers who participated in the survey were about 343. Most were female (79.0%), and 13.7% were male. Overall, 95 (45.7%) of respondents had likely PTSD and 109 (51.7%) had likely low resilience. Approximately 176 (51.3%) respondents had received mental health counselling, and 64 (35.4%) expressed the desire to receive mental health counselling. When all other variables are controlled in the regression model, respondents who have received mental health counselling in the past year were 13.7 times more likely to experience likely PTSD (OR = 13.70; 95% CI: 1.23- 142.86) and 15.15 times more likely to experience low resilience than those who did not (OR = 15.15; 95% CI: 1.46- 166.67). Again, those who would like to receive mental health counselling were 20.8 times more likely to experience PTSD than those who did not (OR = 20.76; 95% CI: 2.61- 165.401) and 29.4 times more likely to experience low resilience than those who did not (OR = 29.42; 95% CI: 3.31- 261.445). Finally, those with four or more ACE scores were 6.2 times more likely to experience likely PTSD than those who had zero scores (OR = 6.24; 95% CI: 1.46- 26.67).

Conclusions: MoreGoodDays subscribers were disproportionately affected by likely PTSD and low resilience, reflecting the devastating effect of the COVID-19 pandemic. Increased ACE has been linked to low resilience, which may also lead to a rise in mental health issues. Strategies to promote resilience may reduce the incidence of likely PTSD. Educational institutions may adopt innovative mental health interventions, including psychological interventions such as mobile text technology, to support the mental health of this cohort. Policymakers and government agencies are encouraged to give the mental health of young adults and youth more prominence on their agenda.

Disclosure of Interest: None Declared

EPP0510

PTSD, dissociative experiences, and depressive symptoms in a clinical sample of women who featured in pornographic productions

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Introduction: The mental health of the people who featured in Pornographic Productions (PP) is underexamined. However, PP frequently involve unsimulated violent acts mostly experienced by

women. Furthermore, some women participating in PP also report being coerced into unwanted sexual acts. Therefore, featuring in a PP could be experienced as a traumatic event, and could be associated with negative mental health disorders.

Objectives: Our study examines mental health indicators among Women who have participated in at least one PP (WPP), and who consulted clinical psychologists, after referral by WPP support groups.

Methods: Thirty-six women were recruited by two clinical psychologists during an individual consultation. Participants completed the French versions of the post-traumatic stress disorder (PTSD) Checklist for DSM-5 (PCL-5), the Dissociative Experiences Scale (DES), as well as the 13-item Beck Depression Inventory (BDI-13). Data on socio-demographic characteristics, lifetime experience of sexual violence prior to participating in a PP, as well as the perceived effect of participating in a PP were also measured.

Results: The mean age of participants was 31.2 (std=7), and the average age at first participation in a PP was 23.4 (std=6). The majority (78%) of participants reported lifetime experience of sexual violence prior to participation in a PP. Thirty women (83%) had a PCL5 score over 33 indicative of probable PTSD, and 28 women (78%) had a DES score of 30 or more indicating high levels of dissociation. Further, 16 participants (44%) reported a BDI-13 score over 16 indicating severe depression.

Conclusions: This study highlights the high prevalence of PTSD, dissociative experiences, and depressive symptoms in a clinical population of women who featured in at least one PP. Further studies are needed to better understand the scale of the problem and optimize care interventions.

Disclosure of Interest: None Declared

EPP0511

Randomized Controlled Trials to Treat Obesity in Military Populations: A Systematic Review and Meta-Analysis

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Introduction: In recent years, overweight and obesity have reached an alarmingly high incidence and prevalence worldwide; they have also been steadily increasing in military populations. Military personnel as an occupational group are often exposed to stressful and harmful environments that represent a risk factor for disordered eating with major repercussions on both physical and mental health.

Objectives: This study aims to explore the effectiveness of weight loss interventions and to assess the significance of current obesity treatments for military populations.

Methods: Three online databases (PubMed, PsycInfo, and Web of Science) were screened to identify randomized controlled trials (RCTs) aiming to treat obesity in active-duty military personnel and veterans. Random-effects meta-analyses were conducted for body weight (BW) and body mass index (BMI) values, both longitudinally comparing treatment group from pre-to-post intervention, and cross-sectionally comparing the treatment group to controls at the end of the intervention.

Results: A total of 21 studies were included: 16 cross-sectional (BW: n=15; BMI: n=12) and 16 longitudinal (BW: n=15; BMI: n=12) were meta-analyzed, and 5 studies were narratively synthesized. A significant small overall BW and BMI reduction from baseline to post-intervention was observed (BW: $g = -0.10$; $p = 0.015$; BMI: $g = -0.32$; $p < 0.001$), together with a decreased BMI ($g = -0.16$; $p = 0.001$) and nominally lower BW ($g = -0.08$; $p = 0.178$) in the intervention group compared to controls at post-intervention time-point. When conducting additional meta-analyses dividing by sample type, a significant decrease in both BMI ($g = -0.35$; $p < 0.001$) and BW ($g = -0.12$; $p = 0.041$) from pre-to-post intervention was observed in active-duty military personnel but not for veterans. Recommendations for clinical practice have been outlined from the findings of this study and summarized in Figure 1.

Image:

Topic	Clinical recommendations	Practical implications	Level of evidence	RCTs (n)
Short-term weight loss intervention for obesity (up to 6-12 months).	Individual group-based or comprehensive lifestyle intervention	Physical activity (aerobics, resistance or high intensity); no sufficient evidence from RCTs regarding a superior effectiveness of one type, frequency, or intensity of physical activity.	High	18
		Dietary and nutritional interventions such as meal replacements promoting low caloric balance intake and healthy meal plans provided by a registered dietitian (when available) and individualized to each patient.	High	12
		Cognitive behavioral therapy, psychoeducational strategies, and motivational techniques for cognitive, emotional, and social factors that influence weight management.	High	12
		Structured outcome monitoring over time (clinical or self-monitoring): body weight, BMI, fat percentage, waist-to-hip ratio, abdominal circumference.	High	12
		Internet-based intervention when in-person programs are not available.	Good	5
		Behavioral therapy plus use of technology (e.g., pedometer).	Weak	2
		Pharmacological intervention (e.g., Orlistat).	Weak	1

Conclusions: Despite limitations, such as the heterogeneity across the included interventions and the follow-up duration, our findings highlight how current weight loss interventions are effective in term of BW and BMI reductions in military populations, and how a