

## EPV0595

### Psychosocial and Physical Rehabilitation of Burn Survivors: A large multicentre cluster randomised controlled trial from Pakistan

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**Introduction:** Globally, burns are responsible for around 11 million injuries and 180 000 burn-related deaths yearly. Unfortunately, 9 of 10 burn injuries and deaths happen in low-and-middle-income countries (LMICs) such as Pakistan. One in three people admitted to hospitals with burn injuries die within three weeks, and survivors face serious lifelong physical, emotional and psychosocial problems. This may result in anxiety, depression, post-traumatic stress disorder, increased mortality and social disintegration. This study aims to evaluate if implementation of a culturally adapted multidisciplinary rehabilitation programme for burn survivors is clinically and cost-effective, sustainable and scalable across Pakistan.

#### Objectives:

- To understand lived experiences of burn survivors, families, and other stakeholders including the experience of care and impact of burns  
To work together with key stakeholders (such as burn survivors, family members) to adapt a culturally appropriate affordable burn rehabilitation programme
- To undertake social media campaigns to promote burn prevention and risk assessment at communities, workplaces/industries/households; improve first aid; and address burn related stigma
- To work with policy makers/parliamentarians to develop national guidelines for burns care and prevention in Pakistan

**Methods:** There are 6 work-packages (WPs). WP1 is to co-adapt a culturally appropriate burn care and rehabilitation programme. WP2 will develop and implement national burn registry on WHO's initiative. WP3 is a cluster randomised controlled trial to determine clinical and cost-effectiveness in Pakistan. WP4 will evaluate social media campaigns for burn prevention and reduce stigma. WP5 involves working with key-stakeholders for burns-related care and policy and WP6 offers sustainable capacity and capability for burns treatment and rehabilitation.

**Results:** A clinical and cost-effective burn care quality and rehabilitation programme may have a huge potential to save lives and contribute health and socio-economic benefits for patients, families, and the healthcare system in Pakistan. The nation-wide implementation and involvement of burn centres across all

provinces offer an excellent opportunity to overcome the problem of burn care access experienced in LMICs.

**Conclusions:** To date, burns prevention, care and rehabilitation have not received sufficient attention in policy initiatives in Pakistan and other LMICs. This study is an excellent opportunity to evaluate culturally adapted burn care and rehabilitation programmes that can be implemented across LMICs. We will disseminate our findings widely, using a variety of approaches, supported by our stakeholder and patient advisory groups.

**Disclosure of Interest:** None Declared

## EPV0596

### Social-Stress Disorder and Post-Traumatic Stress Disorder in Ukrainian Population.

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**Introduction:** The situation that has been going on in Ukraine for the past six months has led to catastrophic consequences. This forces neuroscientists and, including psychiatrists, to turn to the study of the impact of all these events on the mental health of the population of Ukraine. In 90th of XX Russian psychiatrist Y. A. Alexandrovsky expressed opinion of presence the group of so-called social-stress disorders (SSD) that was determined like psychogenic-actual for most people in definite social, economic and political situation. Most of the people in Ukraine now experience both SSD and post-traumatic stress disorder (PTSD).

**Objectives:** Most of the people in Ukraine now experience both SSD and post-traumatic stress disorder (PTSD).

**Methods:** The method of clinic-psychopathological interview with patients who applied out-patient consultation on the chair of psychiatry.

**Results:** The main changes in psychic state include following behaviors and clinical implications: loss of the value of human life, which is manifested in indifference to death in lowering caution when hazardous situations, willingness to sacrifice lives without any ideals. There is unrestrained lost for pleasure and moral promiscuity, exacerbation of personality typological traits, development of hypersthenic reactions (to self-destructive non-expedient behavior), hyposthenic disorders, panic reactions, depression, dissociative and conversive irregularities, loss of communicational plasticity, loss of the ability to adapt to what happens with the preservation prospects of targeted actions, manifestations of cynicism, the tendency to antisocial actions. Patients had complaints on increase anxiety, pessimistic attitudes, existential vacuum, sense of uselessness and loss of perspectives, tendency to irrational perception of reality with including mechanisms of autistic and archaic thinking.

**Conclusions:** Thus, psychological status of the population of Ukraine is a model of complicated combination of SSD plus PTSD can be considered like a basis which leads to the decreasing of the individual barrier of mental adaptation with the next manifestation of different forms of psychopathological syndromes and needs further in-depth and detailed research.

**Disclosure of Interest:** None Declared