

of conversion disorder is between 4 -12 per 100,000 per year. Conversion disorder has a wide variety of somatic and neurological differential diagnoses.

Objectives: A 22-year-old woman was admitted to the hospital due to COVID-19 pneumonia. During the hospitalisation period, she developed progressive weakness, due to which she couldn't move, eat or take care of herself. In terms of history, she is healthy, married and gave birth to her first child almost 9 months ago. Two days postpartum, the patient experienced an inability to connect with the child and provide care, as well as a decline in her mood. The husband reports episodes in which the patient had difficulties holding the child while being able to perform house chores, which required more physical strength. Two years prior to hospitalization, during stressful situations she experienced similar episodes and difficulty swallowing. While hospitalized, extensive testing was done, including an acetylcholine receptor antibody test, which was negative at first. Because of the initially negative testing results a psychiatrist was called. On the first visit, the patient remained in a supine position and reported a lack of strength in both arms and legs, occasionally experiencing difficulty raising her head, however managed to stand up from the bed, walk independently for 5–6 meters, turn around, and, as soon as she reached the bed, descend into it. The staff reported her inability to walk earlier in the day. On the second visit, she notes that she feels tired but now can feed and take care of herself; however, some weakness persists in the proximal muscle groups. In between visits she received treatment with corticosteroids because of the COVID infection. After repeating the acetylcholine receptor antibody test, there was a positive result, and a diagnosis was established.

Methods: This case report demonstrates how a somatic disorder can mimic a psychiatric one because of the overlapping symptoms and initial negative test results. While receiving symptomatic therapy with glucocorticoids due to the COVID infection, the patient's condition improved; she began to eat and walk on her own.

Results: From the psychiatric aspect, it was associated with separation from the child— a relieving of the stress factor, due to which dissociative symptoms decreased.

Conclusions: Before considering a diagnosis of a dissociative disorder, a patient should be examined by other specialists according to their symptoms. A thorough neurologic and physical examination, as well as diagnostic tests, should be performed to exclude a physical pathology. Myasthenia gravis has a comorbidity with a number of psychiatric conditions and can also be very similar to a dissociative disorder, especially due to stress aggravating the symptoms of myasthenia gravis.

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EPV1139

The Imperative of Trauma-Informed Care: A Comprehensive Review and Strategies for Implementation in Health Services

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Introduction: Psychological trauma is a significant public health concern with long-lasting effects on physical and mental well-being. Trauma-informed care is an approach to providing support and services that acknowledges and integrates an understanding of the pervasive impact of trauma on individuals. This review delves into the critical imperative of trauma-informed care within the realm of health services. Recognizing the pervasive impact of trauma on individuals' physical and mental well-being, this REVIEW aims to explore existing literature, identify key objectives, and propose effective methods for implementing trauma-informed strategies in health services.

Objectives: To Review Existing Literature on Trauma: Conduct an review of the literature to comprehend the varied dimensions and consequences of trauma on individuals' health; To Identify Key Principles of Trauma-Informed Care: Explore established principles of trauma-informed care, highlighting their relevance and applicability within health service settings; To Propose Implementation Strategies: Develop practical strategies for integrating trauma-informed care into health services, ensuring a comprehensive and sensitive approach to patient care.

Methods: A review of published articles, books, and reports related to trauma and trauma-informed care to establish a foundational understanding.

Results: Psychological trauma can have profound and multifaceted impacts on individuals, affecting their mental, emotional, and even physical well-being. The consequences of psychological trauma can vary widely based on the nature, severity, and duration of the traumatic experience, as well as individual factors such as resilience and support systems. Trauma-informed care aims to create an environment that is sensitive to the needs of those who have experienced trauma, and it is based on six key principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural competence. Healthcare providers need to understand trauma beyond the personal and acknowledge the cultural, historical, social, political, and structural trauma that impact individuals and communities across generations. This approach recognizes that there is a risk of retraumatization in social and health services, especially for minority communities.

Conclusions: This review underscores the pressing need for health services to adopt trauma-informed care strategies. By acknowledging the prevalence and impact of trauma on health outcomes, the healthcare sector can transition towards a more patient-centered and empathetic approach.

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EPV1140

Risk-taking propensity and emotional intelligence: an emotional version of the balloon analogue risk task (BART)

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Introduction: It is well known that emotions guide decision-making processes in risk contexts. Several studies in the literature have showed the influence of emotions on risk-taking using the Balloon Analogue Risk Task (BART).