

EPV1025

Risk factors and prevention of posttraumatic stress disorder in Intensive Care Unit patients

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Introduction: Post-traumatic stress disorder (PTSD) is associated with exposure to an actual death or serious injury threatening event, as is the example of an Intensive Care Unit (ICU) patient, and it is characterized by dissociative, avoidance, cognitive and mood symptoms. (1) It is known that ICU patients may develop PTSD with an incidence rate of 10%. (2)

Objectives: Comprehend the correlation between PTSD development and ICU care and its risk factors and ways of prevention.

Methods: The authors conducted a literature review by searching the Pubmed database using the keywords PTSD; ICU; Risk Factors; Prevention.

Results: The studies show that the risk factors are associated to: Intensive care like mechanic ventilation, sedation (like using midazolam, lorazepam or opioid); individual's characteristics like being younger than 50 years old, personal history of depression, feminine gender and lower levels of cortisol, and experiencing cognitive alterations, as hallucinations, delirium, amnesia and delirant memory, or anxiety while under ICU care. (1,3,4,5) As a form of prevention non pharmacological measures are the most consensual. Pharmacologic hypothesis should be applied in the first 6 hours of trauma and could be hydrocortisone, as it is thought to be a protective factor for memory consolidation, but the conclusions are not consistent.(6)

Conclusions: There are a lot of people that develop PTSD in the ICU context who are not diagnosed and therefore not treated. In this way, it is necessary to identify the patients with more risk factors, apply the non-pharmacological measures and evaluate the person after discharge.

Disclosure: No significant relationships.

Keywords: prevention; PTSD; risk factor; ICU

EPV1024

Tailored Immersion: Implementing Personalized Components Into Virtual Reality for Veterans With Post-Traumatic Stress DisorderN. Van Veelen^{1,2*}, R. Boonekamp³, T. Schoonderwoerd³, M. Emmerik³, M. Nijdam^{2,4}, B. Bruinsma⁵, E. Geuze⁶, C. Jones^{1,7} and E. Vermetten^{1,2,8}¹Leiden University Medical Center, Psychiatry, LEIDEN, Netherlands;²ARQ, Centrum '45, Oegstgeest, Netherlands; ³Netherlands

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Introduction: With the application of virtual reality (VR), tailored interventions can be created that mirror the traumatic experiences of veterans with post-traumatic stress disorder (PTSD). Visual elements can be mimicked, and auditory and other senses stimulated. In doing so, the degree of immersion can be adjusted to optimize the therapeutic process. Objectively measuring the sensory immersion is key to keep subjects within their personal window of tolerance. Based on this information the therapist can decide manipulate the sensory stimulation embedded in the treatment.

Objectives: The objectives of this study are to explore the different immersive design aspects of VRET that can be modified to influence the experienced presence in veterans with PTSD, and to discuss possible methods of measuring the emotional response facilitated by immersive design aspects and experienced presence.

Methods: Four design aspects are discussed: system, sensory cues, narrative and challenge. We also report on a user experiment in three veterans that informed on quality and depth of immersion.

Results: Believability of the neutral virtual environment was important for maintaining the veterans' presence within the VR experience. The immersive design aspects that were personalized and supportive in the narrative of the veteran such as music and self-selected images appeared to have a strong influence on recall and reliving of the traumatic events.

Conclusions: Finally, in order to increase the therapeutic effect in veterans with PTSD, the highlighted design aspects should be recognized and tailored to maximize immersion in virtual reality exposure therapy.

Disclosure: No significant relationships.

Keywords: virtual reality; immersion; Veterans; tailored therapy

EPV1025

Finding meanings in Late onset Post Traumatic Stress Disorder – a review of the literature

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Introduction: About a decade ago, the idea of a Late-Onset Post Traumatic Stress Disorder (LO-PTSD) emerged, in order to characterize the later-life emergence of symptoms related to early-life warzone trauma among aging combat Veterans.

Objectives: This paper provides a review of the changes happened during the onset of a late form of PTSD and how can mental health professionals intervene.

Methods: Review of the literature from 2015 to present, using search engines such as Pubmed and Google Scholar, using the

following keywords: Late-Onset Post Traumatic Stress Disorder, triggers, prevention, intervention

Results: At first, there was hypothesized that aging-related challenges (role transition and loss, death of family members and friends, physical and cognitive decline) might lead to increased reminiscence, and possibly distress, among Veterans who had previously dealt successfully with earlier traumatic events. However, recent studies have proposed that in later life many combat Veterans confront and rework their wartime memories in an effort to find meaning and build coherence. Through reminiscence, life review, and wrestling with issues such as integrity versus despair, they intentionally reengage with experiences they avoided or managed successfully earlier in life, perhaps without resolution or integration. This process can lead positively to personal growth or negatively to increased symptomatology.

Conclusions: Therefore the role of preventive intervention in enhancing positive outcomes for Veterans who reengage with their wartime memories in later life should be reconsidered.

Disclosure: No significant relationships.

Keywords: Late Onset Post Traumatic Stress Disorder; triggers; prevention; Trauma

EPV1026

Gender Differences after Digital Interventions in the Golden Hours after Traumatic Events

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Introduction: Digital technologies are used in the prevention of post-traumatic stress disorder (PTSD). There is no clear evidence for effective gender-sensitive preventive measures for PTSD. Using Tetris during the golden hour after trauma can reduce intrusive memories and thus reduce the likelihood of PTSD in the future.

Objectives: Understand the features of gender differences after psychological interventions in patients in the acute period after a traumatic event. Video games that use visual-spatial efforts over a fixed time and frequency (Tetris) may reduce the likelihood of developing PTSD.

Methods: Main inclusion criteria was an exposure to traumatic event (time from traumatic event - 0-24 hours). Respondents were assessed by PTSD symptom scale (PCL-5), peritraumatic distress scale (PDS), peritraumatic dissociative experience scale (PDES) and global functioning scale (GFS), intrusion diary (intervals: week 0, week 4, week 8, week 12).

Results: PTSD symptoms were more severe in female participants ($p \leq 0,05$). Participants in the Tetris game group recorded significantly fewer intrusive memories during the first week after the traumatic event than participants in two other groups, with a mean effect size of 57 ($M = 8.73$ vs. $M = 23.26$, $t(69) = 2.80$, $P = 0.005$, $d = 0.67$, 95% CI: 0.18, 1, 14). After the first month of follow-up, members of the Tetris game group reported less stress from intrusive symptoms.

Conclusions: Tetris intervention may reduce intrusive memories of real trauma. Women had more severe PTSD symptoms. Due to the small number of samples, the study should be repeated.

Disclosure: No significant relationships.

Keywords: Stress; Gender differences; traumatic event; digital technology

Precision Psychiatry

EPV1028

Predictors of rehospitalization in Psychotic Patients after their first hospitalization

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Introduction: It is important to determine those clinical factors that imply a greater risk of rehospitalization in psychotic patients

Objectives: To determine the rate and predictors of rehospitalization in psychotic patients after their first hospitalization

Methods: We include all Psychotic patients admitted for first time in their life in our Psychiatric Unit between 2009 and 2019 (N=359), including all diagnosed according DSM-IV of Schizophrenia or other Psychotic disorders -Multiple clinical, sociodemographic and biological variables of the basal hospitalization were recorded With the SPSS program we compared the variables between patients who needed any hospitalization in the follow-up until 31th December 2019 and those who do not. We use the Chi square (qualitative variables) and the Student T (quantitative variables)

Results: 109 psychotic inpatients had at least one rehospitalizations (30,4%). The qualitative variables significantly associated with rehospitalization were : cannabis in urine at admission ($P < 0.03$), and treatment with risperidone ($P < 0.014$). Instead treatment with long acting paliperidone was associated with absence of rehospitalization ($P < 0.005$). The quantitative variables related significantly with multiple rehospitalization were : lower age ($P < 0,015$) lower HDL cholesterol levels ($P < 0.02$) and higher years of follow-up after discharge ($P < 0.000$)

Conclusions: 1-More of 30% of psychotic patients need rehospitalization after their first hospitalization in a mean of follow up of 5,8 years 2-Lower age, longer follow-up period and treatment with risperidone are significantly associated with rehospitalization, instead treatment with long acting paliperidone are significantly associated with absence of rehospitalization

Disclosure: No significant relationships.

Keywords: hospitalization; paliperidone; psychotics; predictors

EPV1029

An International External Validation and Revision of the PsyMetRiC Cardiometabolic Risk Prediction Algorithm for Young People with Psychosis

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