Results Prevalence rate of probable PTSD screened by the PCL-5 was 2.7%. Further investigation showed that depressive, anxiety and somatic symptoms among them was 21.6%, 8.7% and 21.7% respectively.
Conclusion Appreciable positive relationship was found ($r = 0.65–0.70$; $P < 0.001$) between these variables in the deployed military servants. Therefore, it is recommended that military servants should be screened on all above mentioned conditions along with PTSD, in order to see full picture of co-morbid problems.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV0983

Predictors of post-traumatic stress disorder in military personnel deployed to peacekeeping missions

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Background The following study shows that PTSD, depression and anxiety present actual and urgent problem in military field. These disorders appear to be highly co-morbid that results in much more complicated treatment process and outcome. Service members of Georgian armed forces participate in various international peacekeeping operations on the regular basis, though there are no researches conducted so far to provide evidence for mental health problem prevalence in Georgian deployed military personnel.
Method Collection of the data took place during the period of 2014–2015 years after six months of service members returning from the international peacekeeping mission back to their homes. The sample for this research were represented by 2799 servicemen who actively engaged in ISAF peacekeeping missions. All of them were male, with average age: M = 29.3 (SD = 6.3). The data for the following research were collected using self-administered assessment measures, namely PCL-5 for PTSD screening and PHQ for depression and Anxiety and somatic complaints assessment.
Results PTSD appeared to be significantly predicted by range/level of anxiety and depression symptom urgency, nevertheless after joint/combine integration of these variables in one regressional equation, just symptoms of depression remained as statistically reliable explanatory factor for the significant percentage of the somatic symptom range variation.
Conclusion It would be wise to recommend mental health care specialists particularly to bear in mind the possibility of co-existing depression and anxiety symptoms in patients with PTSD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Religious beliefs and post-traumatic growth following stillbirth in a sample Moroccan women

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Introduction While research on religious beliefs as an adjustment is on the rise, less is known regarding such process following stillbirth and no study has been conducted on a sample of Moroccan women.
Objectives The aim of the present study is to extend the current literature by:
– identifying a typology of Moroccan women who experienced stillbirth based on several dimension of religious coping strategies;
– examining whether these profile differ on grief, anxiety, posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG) symptoms.
Methods One hundred Moroccan women who experienced stillbirth were recruited through a Moroccan public hospital. At 6 weeks following stillbirth, they completed questionnaires assessing Religious Coping Strategies (RCS), PTSD, PTG, anxious and grief symptoms.
Results Five clusters were identified: one with high level of plead and religious avoidance coping strategies, one with high level of interpersonal coping strategies, one with multiple religious coping strategies, one with discontent religious coping strategies and one with low religious coping strategies. High levels of psychological symptoms were found in the 5 cluster and PTG symptomatology was as associated with increased RCS.
Conclusion Our findings suggest that, while religious beliefs and practices as a coping strategy do not protect from short-term psychopathological symptoms in the immediate aftermath of stillbirth, they play an important role in the development of positive reactions. As PTG symptoms have been reported be a protective factor for long term psychiatric symptomatology further longitudinal studies focusing in this area is warranted.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Post-traumatic mania symptoms: About one case

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Introduction Psychotraumatism can constitute for some people a real existential fracture, a real upheaval of the psychic organization. Immediate psychological reactions can vary from one-off and temporary reactions to far more severe and sometimes enduring reactions.
Material and methods We collected the case of a patient who was hospitalised in April 2015 for manic symptoms in the immediate aftermath of a terrorist attack, with a review of the literature.
Clinical case This is Mr. A. F., aged 38, with a personal history of AVP and a shooting wound following a terrorist attack. He had presented a psychomotor instability and an exaltation of the mood in the immediate aftermath of an ambush.
Behavioural problems were identified by the psychiatric team during the group debriefing conducted at the HMPIT emergency room. During his hospitalisation, a chemotherapy based on thymoregulators, neuroleptics and anxiolytics was introduced.
The evolution was marked by a significant regression of the manic syndrome after ten days, and the installation of a post-traumatic stress condition (PTSD). At the end of eight months, the patient was able to resume his work with long-term thymoregulatory treatment, a ban on weapons and safety posts.
Conclusion Manic episodes are rarely observed as an immediate post-traumatic reaction. Their occurrence does not prevent the subsequent installation of PTSD. Has psychic trauma revealed a latent psychosis? Is it a trauma-induced mood disorder?