

**Results:** In relation to the activation factor, it was found that the men in the sample presented significant differences compared to the women [Activation.  $F = (1.117) = .79$ ;  $p = 0.00$ ]. Meanwhile, PTSD was presented equally in both sexes and in all age groups with a prevalence of 26% of the sample. The most prevalent events assumed to cause the disorder were extreme human suffering and natural disaster. Depression levels were moderate in 33.3% of the population and state anxiety showed a level of 77.8% of the sample.

**Conclusions:** Our study finds that 26% of the population suffered from PTSD and in a significant percentage comorbidities were found with depression, anxiety, added to the vulnerability of those who have experienced these events, that is, revictimization, low access to social services, low schooling and poverty. It is important to consider the multifactorial nature of PTSD and its relationship with the presence of traumatic events (Bados, 2015; Kessler et al., 2014). In Colombia there is a challenge related to the intervention of this population, which constitutes future lines in our research.

**Disclosure of Interest:** None Declared

## EPV0776

### Post-traumatic stress disorder and restraint in patients followed at Arrazi Hospital

L. Azizi\*, O. Seyar, N. baabouchi, F. laboudi and A. ouanass

hôpital Arrazi Salé, Salé, Morocco

\*Corresponding author.

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**Introduction:** Post-traumatic stress disorder (PTSD) is characterized by intense, unpleasant, and dysfunctional reactions that appear after an overwhelming traumatic event. A life-threatening or serious injury event can cause lasting and intense suffering. Hospitalization without consent, the use of isolation techniques, restraint or the obligation to take treatment are situations that can be perceived as traumatic.

**Objectives:** Our goal is: The search for the existence of psychopathological links and vulnerabilities between the state of post-traumatic stress and physical restraint. Consideration of the traumatic event in the development of appropriate care strategies.

Our goal is: The search for the existence of psycho-pathological links and vulnerabilities between the state of post-traumatic stress and physical restraint. Consideration of the traumatic event in the development of appropriate care strategies.

**Methods:** To meet this objective, we carried out a descriptive study which identified 200 cases collected in the psychiatric emergency department of the Arrazi Hospital in Salé from 2017 to 2021. An exploitation sheet was drawn up and the study was carried out using Meta-chart and Visuel-chart software.

**Results:** At the end of this work we found: The average age is 35 years +/- the sex ratio is equal to 1.42. 80% are single while 10% are divorced. Regarding professional activity, 70% are unemployed. 10% of patients have a level of education above the baccalaureate. As for the history, 60% of the cases studied have a personal psycho-addictive history. 34.6% of the cases studied have a medical-surgical history.

The psychiatric pathologies that were found are: 10% suffer from depressive disorder, 80% have psychosis, 10% have attempted suicide.

**Conclusions:** During an acute episode, patients may be exposed to coercive treatments. Hospitalization without consent, the use of isolation techniques, restraint or the obligation to take treatment are all factors that can be perceived as traumatic. For example, patients recently exposed to a first psychotic episode confirmed the traumatic character of the psychotic episode itself, of the treatment or of both.

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## EPV0777

### Organization of psychological rehabilitation and medical care for patients with mental health issues caused by military operations

M. Arakelyan<sup>1\*</sup>, T. Tunyan<sup>2</sup> and K. Grigoryan<sup>3</sup>

<sup>1</sup>Yerevan State Medical University after Mkhitar Heratsi; <sup>2</sup>The Ministry of Defence, RA, General Staff and <sup>3</sup>Kanaz Military Hospital, Psychiatry, Yerevan, Armenia

\*Corresponding author.

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**Introduction:** On 11 October, 2020, a post-traumatic psychological rehabilitation (PPR) department was formed in the Armed Forces owing to the last Nagorno-Karabakh war on 27 September 2020. Initially, it was located in one of the military training centers, and a day after the end of the war, on November 10, it was moved to the "Mountain Armenia" rest house in Dilijan to ensure the continuous process of rehabilitation of wounded servicemen. In addition to the qualified professional help, the favorable climatic, high-quality social-living conditions were added, which, in terms of treatment, contributes more to the transformation of the psycho-traumatic memory of the combat situation and conditions.

**Objectives:** The objective was to sort military personnel who suffered as a result of hostilities, psychological, post-stress, mental illnesses that have not yet been diagnosed, inpatient treatment, and psychological support.

The composition of patients treated in the PPR center by category. Compulsory military service, officers and NCOs, contract servicemen, conscripted by mobilization.

All the patients admitted with acute stress reactions or PTSD also had the following conditions:

- Mine debris (after processing),
- Gunshot wound /after treatment/,
- Closed Head Injury,
- Witnessed the death of a comrade-in-arms or close brother or father or childhood friend,
- Provided assistance to a wounded or mutilated corpse,
- They were under siege, in captivity.

**Methods:** The following therapeutic methods were used in the Center.

Pharmacotherapy

- Antidepressants, tranquilizers, herbal preparations, nootropics, atypical neuroleptics, symptomatic medication.

Group and individual psychotherapy and psychodiagnostics

- CBT/REBT, EMDR, Biofeedback, Art Therapy, Music Therapy, Sport Activity etc.

**Results:** From 11 October, 2020 to 24 December, 2021, more than 700 military personnel received inpatient treatment in the post-

traumatic rehabilitation unit, the vast majority of whom were discharged from the unit with improvement to continue their service.

**Conclusions:** In the post-war period, the number of suicides and suicidal attempts has noticeably increased in society. None of the military personnel who received treatment through the specialized activities of the PPR Center and returned to further military service committed suicide or attempted suicide over the entire subsequent service.

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## EPV0778

### THE POTENTIAL USE OF INTRANASAL OXYTOCIN AS EARLY PREVENTIVE INTERVENTION FOR POST-TRAUMATIC STRESS DISORDER

M. A. L. Magalhães\* and M. Andrade

Centro Hospitalar Psiquiátrico de Lisboa (CHPL), Lisboa, Portugal

\*Corresponding author.

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**Introduction:** Post-traumatic stress disorder (PTSD) is defined by an exaggerated fear responses (FA) which fails to extinguish over time and cannot be inhibited in safe contexts. Studies report that traumatic experiences (TE) affect hormonal systems mediated by the hypothalamic-pituitary-adrenal (HPA) axis and the oxytocinergic system. Oxytocin (OXT) is a neurohormone produced in the hypothalamus that has social functions like the promotion of prosocial and affiliative behaviors, increased self-confidence and positive social memories. In PTSD there is a diminished inhibitory top-down control over the FA, which is characterized by amygdala hyperactivity, ventromedial prefrontal cortex (vmPFC) hypoactivity and diminished structural and functional connectivity between both areas, which results in anxiety increase and dysregulated autonomic and endocrine FA. In parallel, TE decrease the synthesis and release of OXT, resulting in the dysfunction of the negative feedback mechanism on the HPA, leading to hypercortisolemia and maximizing the response to a stressful stimulus. Previous studies report that the administration of OXT can reduce cortisol levels as well as attenuating amygdala hyperactivity and normalizing the connectivity of this structure with frontal areas, diminishing the FA. Therefore, OXT has been investigated as a potential therapeutic agent administered intranasally early after trauma as a strategy to prevent PTDS on individuals having high risk.

**Objectives:** The aim of this work is to review the potential of intranasal OXT administration as early preventive intervention for PTSD.

**Methods:** Systematic review of the literature published in Pubmed, using the terms “Oxytocin”, “Post-traumatic Stress Disorder”, “Stress”.

**Results:** Studies found significant associations between TE and OXT and report that TE and PTSD are strongly associated with reductions in OXT. Literature report that the acute effects of OXT administrations in individuals with TE tend to be anxiolytic only in less severe forms, by modulating the HPA axis and the autonomic nervous system. Moreover, in recent TE, OXT seems to increase the re-experience of traumas and restore the function of different networks associated with fear control in PTSD patients. FMRI studies indicate that intranasal OXT attenuates amygdala hyperactivity and enhances amygdala’s connectivity with vmPFC, resulting in increased control over the FA. Finally, studies report that a single oxytocin administration increases neuronal fear processing but repeated administration reduces PTSD symptoms up to 6 months post trauma in patients with high acute symptoms.

**Conclusions:** Repeated administration of intranasal oxytocin early after trauma seems to diminish the acute symptoms in early stages of PTDS, being a potential pharmacological strategy to prevent PTDS in individuals at high risk by increasing the control of FA.

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## EPV0779

### Experiences of and Interventions for Adult Survivors of Childhood Sexual abuse in South Asia: A systematic review

S. Talwar<sup>1\*</sup>, C. Osorio<sup>2</sup>, R. Appleton<sup>2</sup> and J. Billings<sup>2</sup>

<sup>1</sup>Psychiatry and <sup>2</sup>University College London, London, United Kingdom

\*Corresponding author.

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**Introduction:** Adult survivors of childhood sexual abuse (CSA) may experience psychological difficulties in adulthood. Such adverse experiences in the developmental years, sometimes for prolonged periods, could have an impact on their emotional, social and psychological resources. This impact is heightened in CSA adult survivors as the interpersonal nature of harm could reverberate throughout their adult relationships, with complex emotional responses to traumatic stressors. Despite the demonstrated effectiveness of trauma focused treatments in the West, culturally specific understanding of the needs and treatments for such survivors in South Asia is still in its infancy. This is important to address their meaning of presenting complaints in South Asia and offering them treatments suitable for them.

**Objectives:** In this systematic review, we aimed to synthesize the findings of existing research on the impact of CSA on adult survivors in South Asia and the current approaches used to treat them.

**Methods:** We searched nine databases and ‘hand searched’ important peer-reviewed journals published in South Asian countries from inception until 3rd April 2022. Searches focused on adult survivors of CSA of South Asian origin residing in South Asia, different treatments offered and the efficacy and acceptability of these treatments.

**Results:** We identified and screened 2608 records and included 56 articles in our full text screening. Out of those, we included 22 articles in the final review. Studies were from four out of the eight countries in South Asia; India, Sri Lanka, Nepal and Pakistan. Of note, only six of those studies focused exclusively on CSA whereas others included all forms of abuse and neglect. All except one article