

## EW0737

**Impact of emotional and cognitive saliency on visual search in post-traumatic stress disorder**

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**Introduction** Patients with post-traumatic stress disorder (PTSD) have shown disturbances in visual information treatment. However, most of studies demonstrated attentional bias towards emotional stimuli by using non-ecological paradigm. The paradigm of change blindness offers the possibility of studying sensitivity to the sudden irruption of visual information with ecological stimuli. **Objectives/Aims** To compare the explicit detection with the implicit detection by using respectively motor response and eye tracking in patients with PTSD and controls.

**Methods** Fifteen patients with PTSD and fifteen healthy controls had to detect changes in 96 scenes with (1) no change, (2) one neutral change or (3) one emotional pleasant or unpleasant change. We measured the participant's speed and accuracy in explicitly reporting the changes via motor responses, and their capacity to implicitly detect changes via eye movements.

**Results** The patients showed a trend towards slower explicit detection for the emotional change ( $P=0.06$ ) and more specifically for unpleasant change ( $P=0.054$ ). The two groups did not differ for implicit detection.

**Conclusion** Patients tend to explicitly detect more slowly emotional change (but not neutral), especially for unpleasant change. This could be the result of a lack of access to consciousness of the emotional information. The emotional visual information treatment in PTSD could require more attentional processes than the non-emotional visual information and then lead to a decrease of the available attentional resources for the explicit task.

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## EW0738

**Comparison of ten-years risk of fatal cardiovascular events calculated by heartscore in diabetic patients with and without post-traumatic stress disorder (PTSD) comorbidity**

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**Introduction** Cardiovascular diseases (CVD) are the leading cause of death and disability-adjusted life years lost globally. Recent studies have shown that post-traumatic stress disorder (PTSD) predicts higher risk of cardiometabolic diseases, specifically cardiovascular disease and diabetes type 2.

**Aims** To assess cardiovascular event risk differences between diabetic patients with and without PTSD comorbidity.

**Objectives** To explore a ten-year risk of fatal CVD events in diabetic patients with and without PTSD; to gain better insight in potential different functioning patterns in these patient subgroups.

**Methods** We investigated a cross-sectional sample consisting of 390 psychiatric inpatients and outpatients. Ten-years risk of fatal CVD events calculated by HeartScore, European society of cardiology. Europe high-risk version was used. The risk estimation is made based on: gender, age, smoking, systolic blood pressure and total cholesterol.

**Results** By analysis of covariance, we controlled possible confounding effects of gender, age, education, marital status, number of household members, work status, average monthly income per household member, body mass index ( $\text{kg}/\text{m}^2$ ), number of somatic comorbidities, number of psychiatric comorbidities, duration of PTSD, clinical global impression scale-severity of PTSD at diagnosis. After the adjustment for all these variables, interaction of PTSD and T2DM was significantly associated with CVD risk ( $P<0.001$ ;  $\text{Eta}^2=0.04$ ).

**Conclusion** A significant fatal CVD event risk differences between diabetic patients with and without PTSD comorbidity were found. Better awareness of possible underlying determinants provides better optimal individual approach planning, likewise effective prevention and control of cardiovascular diseases.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EW0739

**Benefits of EMDR therapy on the memory in the treatment of PTSD**

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According to some studies, 80% of subjects suffering from post-traumatic stress disorder (PTSD) present twice the risk of developing an insanity as they age because of the high level of stress that has been induced. Indeed, the triggered trauma has a deleterious effect on the establishment of the stress' axis (the hypothalamic pituitary adrenal axis) which is then not able to regulate itself. As a consequence, the hippocampal neurons will be attacked by an excess of cortisol. Memory's dysfunction is central in the symptomatology of PTSD, particularly in respect to encoding and recall. The hippocampus is able to transfer information to the prefrontal cortex. Actually, subjects with PTSD present less activity in the prefrontal cortex triggered by a decrease of encoding and recall capacities. EMDR therapy (eye movement desensitization and recruitment) allow for a fast relief of symptoms by a bilateral alternate stimulation (SBA). Indeed, saccadic eye movements stem affect related to the traumatic event and process the associated cognitions. During the desensitization phase in EMDR, we noticed an increase in activity of the brain's prefrontal, ventromedial, amygdala and thalamic regions. Indeed, the recall of traumatic memories goes through implicit emotional valence regions and associative areas for which the experience is already deeply integrated. After comparing cerebral activity before and after the therapy, researches on EMDR shows that a reduction of stress' symptoms has some sensitive link to PTSD (in prevention to dementia).

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## EW0740

**Embitterment in war veterans with posttraumatic stress disorder (PTSD)**

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