

Results: Our study included 326 health professionals from the CHU Farhat Hached. The mean age of our population was 36.38 ±10.19 years. The sex ratio was 0.23. Most healthcare staff were married (61.3%) and had dependent children (60.4%). Nurses were the most represented at 32.2%, followed by health technicians (22.7%) and medical residents (18.4%). Average job tenure was 10.62±10.69 years, with extremes ranging from 1 to 39 years. The prevalence of post-traumatic stress disorder was 32.5%. Paramedics were more likely to develop post-traumatic stress symptoms (OR=2.3 (IC95%: 1.4-3.8), p=0.001). Leisure activities were protective factors against post-traumatic stress symptoms (OR=0.4 (IC95%: 0.2-0.8), p=0.018). The multivariate analytical study revealed that being a paramedic and having a personal history of COVID19 infection were independently associated with post-traumatic stress symptoms.

Conclusions: Our results demonstrated the significant impact of the COVID-19 pandemic on the mental health of healthcare personnel. Lessons learned from this pandemic should help in the development of context-specific strategies to support healthcare workers and promote the protection of their mental health.

Disclosure of Interest: None Declared

EPV0749

A randomized controlled trial comparing trauma-focused treatment with and without concurrent personality disorder treatment in patients with posttraumatic stress disorder and comorbid borderline personality disorder

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Introduction: Posttraumatic stress disorder (PTSD) and borderline personality disorder (BPD) often co-occur. There is growing motivation among clinicians to offer trauma-focused treatments, such as Eye Movement Desensitization and Reprocessing (EMDR), to patients with PTSD and comorbid BPD. However, a large subgroup of these patients does not sufficiently respond to trauma-focused treatment and is more likely to be excluded or dropout from treatment. Dialectical Behaviour Therapy (DBT) for BPD is well established and although there is some evidence that DBT combined with prolonged exposure is twice as effective in reducing PTSD symptoms than DBT alone, the comparative efficacy of trauma-focused treatment with and without concurrent PD treatment has not been investigated yet.

Objectives: The current study will therefore evaluate the comparative clinical efficacy of EMDR with and without concurrent DBT in patients with PTSD and comorbid BPD.

Methods: Adult patients were randomly assigned to EMDR with ($n = 63$) or without concurrent DBT ($n = 63$). A wide range of clinician-administered and self-report assessments were conducted

before, during and up to six months after treatment. The longitudinal change in PTSD severity as the primary outcome was measured using multilevel mixed regression in SPSS. The present study is part of the overarching Prediction and Outcome Study in comorbid PTSD and Personality Disorders (PROSPER), which consists of a second RCT comparing trauma-focused treatment with and without concurrent PD treatment in patients with PTSD and cluster C PD.

Results: Results, available in January 2024, will reveal which treatment works best for this difficult-to-treat group of patients.

Conclusions: This is the first study to compare the clinical efficacy of EMDR with and without concurrent DBT in patients with PTSD and comorbid BPD. Results will reveal which treatment works best for this difficult-to-treat group of patients.

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Reactivation of trauma in an inadequately structured person

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Introduction: The person is constantly exposed to various types of psychosocial stress, and what will be the course and outcome of the reaction, in addition to other factors, primarily depends on the structure of the person (cognitive, conative, affective and somatic characteristics).

Objectives: Presentation of a case of an inadequately structured person (a 29-year-old girl) who experiences an emotional loss, thus reactivating a trauma experienced many years ago (content-like emotional loss). The activation of traumatic memory as a center for generating a complex of pathological symptoms is provoked due to the personal structural inability of a person to legally reorganize, reintegrate and absorb stress.

Methods: For a complete psychological exploration of an organization, personality dynamics, symptoms, defenses, motives, goals, values, interpersonal relationships, etc. I have applied: MMPI-202, NEO PI-R, Millon's test, PIE, ZS and Azinger aggression scale.

Results: The result is an inadequately structured person of the avoidant type: introverted, vulnerable, disturbingly self-centered, constantly alert to prevent his impulses and affectional compunctions from leading to a repetition of pain and suffering experienced in the past, denying his feelings to maintain interpersonal distance, sensitive, helpless in an aggressive environment, low self-esteem and self-confidence, with weak capacities to overcome stress, etc. Anxiety and depressive symptoms are dominant. Manifest symptomatology is elaborated.

Conclusions: In a person with an inadequate structure, there is an increased vulnerability, therefore applying an exploratory approach to people with a stressful condition in daily professional practice is a necessary need in order to more effectively, comprehensively treat the current and previously memorized stressful reactions with an emphasis on the highly personalized response to stress.

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