

**Objective** To assess the prevalence of residual sleep disorders in military personnel with PTSD.

**Methods** A cross-sectional study was conducted and included 25 military consultants meeting the criteria of DSM-5 for PTSD. Sleep disorders were assessed using the insomnia severity index (ISI).

**Results** The mean score of the ISI was 14. Fourteen percent of the participants ( $n = 21$ ) reported difficulty falling asleep. All patients reported difficulties staying asleep. Nightmares were reported by 48% of the sample ( $n = 12$ ). All patients were under hydroxyzine at dosages ranging from 25 to 50 mg per day. More than half of the sample ( $n = 18$ ) was under a combination of benzodiazepine and hydroxyzine. Seventy-one percent of patients ( $n = 15$ ) considered that their sleep difficulties significantly disrupted their daily lives.

**Conclusion** Insomnia is one of the most frequent and persistent symptoms in PTSD patients. These sleep disorders can impede remission and may be due in part to co-morbid depression.

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

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#### EV0973

### Assessment of chronic pain in military patients with PTSD

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**Introduction** Patients with post-traumatic stress disorder (PTSD) presents often with several concomitant physical and mental health problems. Recent evidence suggests that pain is one of the most commonly reported symptoms in patients with PTSD, regardless of the nature of their traumatic experience.

**Aim of the study** To evaluate chronic pain in patients with PTSD in a Tunisian military sample.

**Methods** Transversal descriptive study of a sample of 22 patients treated for PTSD in the Principal Military Hospital of Instruction of Tunis during the period between August and October 2016.

The PTSD Checklist for DSM-5 (PCL-5), Hospital Anxiety and Depression scale (HAD), and the Brief Pain Inventory Short Form (BPI-SF) were administered for patients.

**Results** All the patients of the study were male. The mean age of the sample was 29.6 years. Fifty percent presented with a co-morbid major depression and 59.1% with chronic pain symptoms. Locations of chronic pain were as follow: limb pain (69.23%), back pain (38.46%), headache (30.76%) and torso pain (7.69%). Sequelae from combat-related trauma were present in 31.8% of cases.

**Conclusion** The results of this study illustrate a high rate of chronic pain symptoms among PTSD patients. This suggests that closer attention should be given to the interaction of medical problems, especially pain, with PTSD symptomatology in clinical management and in future research.

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

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#### EV0974

### Self-esteem in military patients with post-traumatic stress disorder

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**Introduction** Maintaining self-esteem is a fundamental human motivation. Trauma may lower self-esteem, which contributes to the development and maintenance of Post-Traumatic Stress Disorder (PTSD).

**Objectives** Assessment of self-esteem in Tunisian military patients suffering from PTSD. Study of correlation between the severity of the PTSD symptoms and the rate of self-esteem.

**Methods** Transversal descriptive study of a sample of 22 patients treated for PTSD in the Tunisian Military Hospital during the period between August and October 2016.

The PTSD Checklist for DSM-5 (PCL-5), Hospital Anxiety and Depression scale (HAD), and the Rosenberg Self-Esteem Scale were administered for patients.

**Results** All the patients assessed were male. The mean age of the sample was 29.6 years. Fifty percent of the patients presented with a co-morbid major depression. Based on the score of the Rosenberg Self-Esteem Scale, patients had a self-esteem, which was very low in 45.45% of cases, low in 45.45% of cases, average in 4.54% of cases and high in 4.54% of cases. The results also showed that lower levels of self-esteem are significantly correlated to the severity of the PTSD symptoms as measured by the PCL-5 score.

**Conclusions** This study highlights the magnitude of self-esteem deficiency among patients suffering from PTSD. It remains unclear as to whether the relationship between trauma and depression is consistently mediated by a negative cognitive schema, such as low self-esteem, or whether trauma influences mood independently of low self-esteem. Further studies are required.

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

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#### EV0975

### Post-traumatic stress spectrum and adult autism subthreshold spectrum in parents of children with epilepsy: Correlations and gender differences

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**Introduction** Data that assess the co-morbidity between post-traumatic stress symptoms and autism spectrum are scarce. Nevertheless, some authors suggested that subjects with autism spectrum disorder (ASD), due to their difficulty in understanding the codes of communication, empathy, expression, are lower resilience to traumas.

**Objectives** The aim of this study was to explore in a sample of parents of children with epilepsy, the presence of correlations between the symptoms of post-traumatic stress and adult autism subthreshold spectrum.

**Methods** Seventy-seven parents completed the Trauma and Loss Spectrum Self-Report (TALS-SR), specifically modified for one's son epileptic disease, and 72 parents completed the AdAS Spectrum (Adult Autism subthreshold Spectrum).

**Results** Eight subjects (11.1%) presented a total score  $\geq 45$  at the AdAS Spectrum, corresponding to the satisfaction of a symptomatic ASD criteria and indicative of the Adult Autism Spectrum subthreshold. More specifically, a total score  $\geq 45$  was found in 7 (15.9%) of mothers and 1 (3.6%) of the fathers, with no statistically significant differences between the two groups ( $P = 0.139$ ).

Noteworthy correlations between TALS and AdAS, emerged only in the subgroup of the fathers. In particular, a relevant number of moderate to good correlations emerged between the Domain II (reactions to the events of loss) of the TALS-SR and the AdAS Domain III (non verbal communication), Domain VI (restricted interests and ruminations) and total score.