

- pathological reactions (F43.0);
- neurotic disturbances (F45);
- psychotic disturbances (F44);
- PTSD (F43.1);
- chronic personality changes (F62.0).

The system of complex assistance was provided. Step 1: emergency psychological assistance. It is carried out on the basis of crisis intervention, that is defined as the emergency and urgent medical and psychological first aid, aimed at the return of the victim to the adaptive level of functioning, preventing prodromal development of mental disorders, reducing the negative impact of a traumatic event. Step 2: medical and psychological support. The purpose is the relief of mental and behavioral disorders, prevention (secondary and tertiary), psychological maladjustment, progressive course of mental disorders, with the purpose, rational, suggestive, cognitive-behavioral (CBT), and others. The aim of psychotherapy is to support the patient's assistance, processing traumatic material reevaluation of the crisis, a change of attitude, increased self-esteem, develop realistic perspectives and active life position. It is important to restore a sense of competence and design future in which you can use a good past experiences. Step 3: the primary goal of treatment is relief of anxiety and fear, stress, adaptation to the human life and activity in conditions of continuing psychogenic. The most effective method of psychotherapy in these cases is CBT. Step 4: supportive. All steps developed by multimodal model of psychotherapy.

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EV0990

Psychotherapies for complex trauma: A combination between EMDR and mindfulness

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Faced with the effects of trauma, new psychotherapies are emerging in France, converging especially around awareness, experience and emotion. The hypothesis put forward here concerns the complementarities of the two following approaches: Mindfulness, part of a behavioural and cognitive context. EMDR that uses neuroscience through its ABS. The implementation of a protocol based on EMDR and mindfulness, has shown convincing results on the demented elderly person suffering from complex PTSD. The protocol begins with a session devoted to anamnesis and symptoms evaluation. The second phase consists of desensitization and cognitive restructuring. The principal foundations rely on EMDR but also include mindfulness exercises to reduce anxiety due to the effects of therapy or otherwise allow the possibility to bring new material when it seems to encounter a deadlock. The third phase is the consolidation of therapeutic benefits. For this, ABS are based on the patient's resources and meditation exercises are performed in order to amplify the restructuration. The combination of these two therapies could allow to potentiate their respective effects. The single case study that we conducted allowed us to observe encouraging results: reduction of symptoms of revival, autonomic hyper-activation and avoidance. Effects were also observed for co-morbid symptoms namely depression, anxiety and psychotic manifestations. The combination of these two approaches seems profitable and requires replication.

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EV0991

Augmentation effects of eye movement desensitization and reprocessing (EMDR) intervention in pharmacotherapy-resistant PTSD

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Aim Both trauma-focused cognitive behaviour therapy and antidepressant medication are regarded as the first line treatments for post-traumatic stress disorder (PTSD). However, little is known about sequential or combined efficacy of these two different treatment options. This prospective study examined the add-on efficacy of eye movement desensitization and reprocessing (EMDR) therapy among adult civilians with PTSD who continued to be symptomatic after antidepressant treatment.

Method Adult patients with PTSD at a specialized trauma clinic who received treatment doses of antidepressants for more than 12 weeks were recruited; definition of symptomatic PTSD was a total score > 40 on the Clinician-administered PTSD Scale (CAPS). The CAPS and the global improvement from Clinical Global Impression (CGI) were rated prior to EMDR, after termination and six months follow-up.

Results A total of 15 patients underwent an average of six sessions of EMDR and 7 (47%) of 15 no longer met the criteria for PTSD and 10 (67%) were given status of very much or much improved. The CAPS scores and significantly decreased after EMDR therapy (paired $t = 7.38$, $df = 14$, $P < 0.0001$).

Conclusion These results indicate that EMDR or trauma-focused CBT can be successfully added to those who failed to improve after initial pharmacotherapy for PTSD. Further studies are needed to explore the best sequence or components of therapies in the treatment of PTSD.

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EV0992

Impact on new onset stress and post-traumatic stress disorder (PTSD) in relatives of patients admitted to an intensive care unit evaluated by diaries study

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Introduction ICU diary is effective in aiding psychological recovery and reducing the incidence of new onset PTSD in patients three months after ICU discharge. The impact of ICU diaries on PTSD in relatives of critically ill patients in Australia has not been fully elucidated.

Aims and objectives To determine the impact of ICU diaries on the incidence of PTSD, stress and family satisfaction in the relatives of critically ill patients.

Methods One hundred and eight consecutive patients, staying > 48 hours in a tertiary ICU were identified. A survey using

DASS-21, IES-R, and FS-ICU questionnaires was performed followed by a repeat survey 90 days post discharge from ICU. An IES-R score of > 33 was used to define PTSD. A FS-ICU score < 5 was used to define dissatisfaction.

Results Forty subjects refused to participate, eight were excluded, sixty family members were included for analysis on an intention to treat basis which included 36 completed diaries. Whilst there was no association between PTSD at 3-month follow-up and diary use (P -value = 0.9), there was an association with PTSD at baseline (P -value = 0.02) and unemployment (P -value = 0.0045). Medical patients had mean PTSD score 3.0 units greater than surgical (estimate = 3.0, 95% CI: 0.3, 5.7). Families who were dissatisfied (FS-ICU score of < 5) were not at more at risk of developing PTSD than families who were satisfied (P -value = 0.74).

Conclusion ICU diaries did not impact on the incidence of stress, family satisfaction with care and PTSD in relatives of patients in this index population.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0993

Repeated programmed hospitalizations (RPH) in the care of French military suffering for war post-traumatic psychiatric disorders: Interests and limitations

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Introduction The long-term management of psychiatric wounded patients with prolonged disorders requires a rethinking of our practice of care.

Objectives The aim is to propose an integrative model of all valid therapies in the post-traumatic-stress disorder while taking care of co-morbidities and ensuring patient support in the different administrative procedures that permit reconstruction. Repeated short-term hospitalizations can meet this objective by mobilizing resources, creating group dynamics, restoring a space of safety, allowing a rupture with the environment, preventing recurrence of crises, and by encouraging the historicization of trauma by the temporal sequences of intra/extra-hospitalisation repetition.

Method We propose, by means of a review of the literature, to discuss on a psychopathological level the interest and limits of this mode of care.

Results This work reveals the specific therapeutic effects of repeated programmed hospitalizations, which constitute a new modality of institutional psychotherapy.

Conclusion Rethinking the place of hospitalisation in the management of psychiatric illnesses can be useful to all psychiatrists who follow patients with chronic and co-morbid disease.

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EV0994

Impact of terrorist attacks on the profile of consultants at the outpatient department of Razi hospital

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Introduction A trauma is an uncommon experience of violence in which the physical and psychological integrity of an individual or group has been threatened. Intentional violence in general and terrorist attacks in particular are a perfect example of this. It turns out that during the year 2015 Tunisia was shaken by a series of terrorist attacks as sudden as violent. What impact would these actions have on the profile of consultants at the Razi hospital?

Methods A retrospective and descriptive study of the consultants between January 1, 2015 and December 31, 2015, while determining the socio-demographic, clinical and therapeutic profile of the consultants for the first time at the outpatient clinic of the Razi psychiatric hospital, and indicating the different changes during the month following each attack; Bardo 18 March, Sousse 26 June and Mohamed V 24 November.

Results Our study pointed to an increase in the number of consultants at the hospital (31%) and outpatient (128%) levels during the year 2015, without increasing the number of consultants. New consultants. The new consultants are younger with a strengthening of the female predominance (56.8). In the months following the attacks from the same period of the previous year, we found that diagnoses of acute and post-traumatic stress disorders (151%) and (93%) increased in percentage.

Conclusion The impact of terrorist attacks is harmful to people directly exposed but also to vulnerable people. It imposes the necessity of a preventive activity involving multidisciplinary interventions in order to develop the concept of resilience.

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

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EV0995

Five sessions of in vivo exposure therapy for post-traumatic stress disorder: A case report

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Introduction Prolonged exposure (PE) is recognized in many guidelines as an effective, evidence based treatment for post-traumatic stress disorder (PTSD), with the active ingredients being in vivo and imaginal exposure. Despite this, patients and clinicians are often reluctant to engage in this form of treatment. Imaginal exposure can be perceived as too anxiety provoking, leading to discomfort among both patient and clinician. In vivo exposure alone, however, has also been established as an effective treatment for anxiety disorders that can provide significant results in a rapid manner.

Methods A 31-year-old female with no prior psychiatric history presented to treatment in an acute depressive episode following a motor vehicle accident two years prior. She also met criteria for PTSD. Her Beck Depression Inventory (BDI) and PTSD Checklist for DSM-5 (PCL-5) scores were 42 (severe depression) and 64, respectively. Due to constraints, a modified form of PE was initiated, with five in vivo exposure sessions conducted.

Results After five sessions of in vivo exposure, the patient's PCL-5 score decreased from 64 to 36 and her BDI score decreased from 42 to 13 (minimal depression).

Conclusions This case report underscores the effectiveness of a modified form of PE, using in vivo exposure alone as a treatment for PTSD. This has significant implications in particular for patients or clinicians who are unable to initiate imaginal exposure (e.g., patient finding it too difficult to tolerate/refusing to engage, language barriers, etc.). In such situations, in vivo exposure appears to be an alternate, effective, short-term treatment option.

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