

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

The system of complex assistant 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 restructuring. 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