EPV1023

Risk factors and prevention of posttraumatic stress disorder in Intensive Care Unit patients

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Introduction: Post-traumatic stress disorder (PTSD) is associated with exposure to an actual death or serious injury threatening event , as is the example of an Intensive Care Unit (ICU) patient, and it is characterized by dissociative, avoidance, cognitive and mood symptoms. (1) It is known that ICU patients may develop PTSD with an incidence rate of 10%. (2)
Objectives: Comprehend the correlation between PTSD development and ICU care and its risk factors and ways of prevention.
Methods: The authors conducted a literature review by searching the Pubmed database using the keywords PTSD; ICU; Risk Factors; Prevention.
Results: The studies show that the risk factors are associated to: Intensive care like mechanic ventilation, sedation (like using midazolam, lorazepam or opioid); individual's characteristics like being younger than 50 years old, personal history of depression, feminine gender and lower levels of cortisol, and experiencing cognitive alterations, as hallucinations, delirium, amnesia and delirant memory, or anxiety while under ICU care. (1,3,4,5) As a form of prevention non pharmacological measures are the most consensual. Pharmacologic hypothesis should be applied in the first 6 hours of trauma and could be hydrocortisone, as it is thought to be a protective factor for memory consolidation, but the conclusions are not consistent.(6)
Conclusions: There are a lot of people that develop PTSD in the ICU context who are not diagnosed and therefore not treated. In this way, it is necessary to identify the patients with more risk factors, apply the non-pharmacological measures and evaluate the person after discharge.

Disclosure: No significant relationships.
Keywords: prevention; PTSD; risk factor; ICU

EPV1024

Tailored Immersion: Implementing Personalized Components Into Virtual Reality for Veterans With Post-Traumatic Stress Disorder

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Introduction: With the application of virtual reality (VR), tailored interventions can be created that mirror the traumatic experiences of veterans with post-traumatic stress disorder (PTSD). Visual elements can be mimicked, and auditory and other senses stimulated. In doing so, the degree of immersion can be adjusted to optimize the therapeutic process. Objectively measuring the sensory immersion is key to keep subjects within their personal window of tolerance. Based on this information the therapist can decide manipulate the sensory stimulation embedded in the treatment.
Objectives: The objectives of this study are to explore the different immersive design aspects of VRET that can be modified to influence the experienced presence in veterans with PTSD, and to discuss possible methods of measuring the emotional response facilitated by immersive design aspects and experienced presence.
Methods: Four design aspects are discussed: system, sensory cues, narrative and challenge. We also report on a user experiment in three veterans that informed on quality and depth of immersion.
Results: Believability of the neutral virtual environment was important for maintaining the veterans' presence within the VR experience. The immersive design aspects that were personalized and supportive in the narrative of the veteran such as music and self-selected images appeared to have a strong influence on recall and reliving of the traumatic events.
Conclusions: Finally, in order to increase the therapeutic effect in veterans with PTSD, the highlighted design aspects should be recognized and tailored to maximize immersion in virtual reality exposure therapy.

Disclosure: No significant relationships.
Keywords: virtual reality; immersion; Veterans; tailored therapy

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Finding meanings in Late onset Post Traumatic Stress Disorder – a review of the literature

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Introduction: About a decade ago, the idea of a Late-Onset Post Traumatic Stress Disorder (LO-PTSD) emerged, in order to characterize the later-life emergence of symptoms related to early-life warzone trauma among aging combat Veterans.
Objectives: This paper provides a review of the changes happened during the onset of a late form of PTSD and how can mental health professionals intervene.
Methods: Review of the literature from 2015 to present, using search engines such as Pubmed and Google Schoolar, using the