

EPV0766

How Can Psychiatrists Care for the Brain, Mind and Soul of their Patients?

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Introduction: Neuroscientific theories define the brain as a physical organ that provides the electrochemical basis for cognitive, sensory and motor functions; psychological theories define the mind as the hub of consciousness; and spiritual theories define the soul as our indivisible essence of being. We lack clarity on the mechanisms by which physiological processes in the brain give rise to mental phenomena in the mind, while the concept of the soul lacks scientific grounding. However, frameworks for understanding the brain, mind and soul have an impact on the aetiology, diagnosis, and treatment of mental illnesses, thereby shaping clinical practice.

Objectives: To review the current literature explaining how psychiatrists can care for the brain, mind and soul of their patients.

Methods: Six electronic databases were searched for articles explaining how psychiatrists can care for the brain, mind and soul of their patients. Other relevant papers identified from the reference lists of included articles were also selected. A narrative literature review was undertaken due to the heterogeneity of the articles.

Results: Twenty-six articles were included. These revealed that a psychiatrist's approach to care is shaped by their understanding of the roles that the brain, mind and soul play in mental illness. A growing understanding of the brain's physiological changes in mental illness has enabled the development of targeted electroconvulsive and pharmacological therapies for treatment and quantitative imaging for monitoring. Similarly, identifying and understanding cognitive-behavioural patterns associated with mental illness enables psychopathology to be directly addressed with focussed psychotherapy. Furthermore, helping patients to develop a spiritual connection with themselves, others or a higher power improves several protective factors, such as hopefulness, positive self-conceptions and social participation.

The weight a psychiatrist places on the physiological, psychological and spiritual components of mental illness inevitably influences their choice of treatments. It is important for psychiatrists to reflect on their own beliefs, and to empathise with the views of patients without imposing their own. Open dialogue with patients about their perspectives on each dimension facilitates engagement, empowerment and treatment adherence.

Conclusions: Distinguishing between pathophysiology of the brain, traumatic experiences of the mind, and unmet spiritual needs of the soul enables psychiatrists to accurately identify pathology and personalise care effectively. Further research into the relationships between each component would open additional avenues for understanding and caring for mental illness. As psychiatry strives to address its perceived overreliance on biological therapies, an appreciation for the distinct qualities of the brain, mind and soul has the potential to foster a more patient-centred and holistic approach to care.

Disclosure of Interest: None Declared

EPV0765

A Lesson into Decolonized Psychiatric and Psychoanalytic Practice: Demystifying the Works of Girindrasekhar Bose

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Introduction: The endeavor of practitioners of psychiatry and psychoanalysis has been to break the disciplinary silos and to re-think what practice is all about. There was a person who pioneered this aim of intradisciplinary and interdisciplinary synthesis. His name was Girindrasekhar Bose. He was a psychiatrist, psychologist, and psychoanalyst who challenged the Freudian universalism of the Oedipus complex.

Objectives: We have forgotten that the texts emanating from the land of India were profoundly psychological and can inform psychiatric/psychoanalytic practice. Bose's exchange of letters with Sigmund Freud is known by many but read by only a few. He gave us a path to think about the psychiatric and psychoanalytic practice from India. The paper looks at his exchange of letters with Freud and his works on the Bhagavad Gita, Puranas, Yoga Sutras, and the Vedas, which he claimed, were immensely beneficial for psychiatric/psychoanalytic training and can help us to work through the way we perceive medical practice.

Methods: This research used primary sources like books and articles to re-think the works of Girindrasekhar Bose in terms of today's medical practice.

Results: Can we imagine writing in our native language and being critically acclaimed for our work internationally? His writings in Bengali suggest that he was more decolonized in the 1920s than the Indian scholars of today. Keeping in mind the existential ground of the patient, a decolonized understanding of symptoms can revolutionize medical care.

Conclusions: Our aim in today's times is to inform our practice where we could possibly reach an intradisciplinary and interdisciplinary unity. A re-discovery of Bose's work can help us in this earnest endeavor.

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Post-Traumatic Stress Disorder

EPV0766

Novel Feature in patient with Complex PTSD in Syria: Case Report

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Introduction: Complex PTSD is a new trauma-related disorder in ICD 11 and it differs from PTSD by the trauma being repetitive or prolonged and some other symptoms, while selective anosmia is the inability to detect a particular odor.

Objectives: Is there any relationship between severe trauma and selective anosmia as a novel feature?

Methods: INTERNATIONAL TRAUMA QUESTIONNAIRE (ITQ), Case report and non-systematic review through literature research in PubMed database, using the key-word “selective anosmia”

Results: Two articles suggest that selective anosmia may present in animals when olfactory epithelium exposures to some chemical substances while the other two articles indicate that cortical nucleus in the amygdala has major olfactory connections and its degeneration is likely to contribute to the early selective anosmia common in Parkinson’s disease, but no one described this feature in psychiatric trauma.

Conclusions: May be this is the first time ever to describe selective anosmia during severe trauma suggesting a role of amygdala as in this case report, therefore Syria and other countries that had similar crisis need more studies to get accurate statistics, explore more rare features, and test the effectiveness of treatment options.

Disclosure of Interest: None Declared

EPV0767

Double-blind, Randomized, Placebo-Controlled study evaluating the Efficacy of an early treatment using Herbal Supplement in the Prevention of Post-Traumatic Stress Disorder in the emergency department (PHYTÉS Study)

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Introduction: Prevention of Post-traumatic stress disorder (PTSD) is a major public health interest and one of the concerns of any emergency physician.

Objectives: The purpose of this study was to evaluate the efficacy and safety of a herbal supplement in preventing the occurrence of PTSD in high-risk patients.

Methods: It is a randomized, double-blind, prospective, interventional study including patients exposed to a traumatic event meeting DSM-V Criterion A and having a Peri-traumatic Distress Inventory score and/or Peri-traumatic Dissociative Experience Questionnaire (PDEQ) and/or immediate stress score (L.Crocq score) higher than the thresholds between day 1 and day 3. A total of two hundred patients were included and they were randomly assigned into two groups: Aleozen group and placebo group. Patients included in the aleozen group received Aleozen[®] for 10 days while patients in the placebo group received a Placebo. A CAPS-5 assessment was performed for all patients at different moments. The main objective was to assess the efficacy of Aleozen[®] after day 90 of exposure to traumatic events according to PTSD. The secondary objectives were to evaluate the safety of Aleozen[®] at 10 and 30 days after its administration and to assess PTSD in the involved population after one year.

Results: No statistical differences were noted between the two groups in terms of baseline characteristics, including age, sex, and ISS score. After day 90 of follow-up, and according to the CAPS-5 scale, 85 patients (42.5%) had PTSD. Concerning the primary endpoint, less PTSD was observed in the intervention group compared to the placebo group (38.8% versus 61.2%, respectively; $p < 0.001$). No adverse events were noted during the study

Conclusions: The results of this study suggest the potential preventive effects of an herbal supplement on PTSD for traumatic patients in the emergency department. Further confirmatory studies are required

Disclosure of Interest: None Declared

EPV0768

What is the role of the primary care system in the initial management of psychotrauma?

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Introduction: Post-traumatic stress disorder is common and the risk of developing it after a trauma is high. Its global management is long and complex.

The general practitioner, as a primary care provider, has a fundamental role in detecting it. They may have to take care of these patients both physically and psychologically, and may find themselves at a loss when faced with repercussions such as Post-Traumatic Stress Disorder (PTSD).

In some countries, the role of the general practitioner is different. More involved and better trained, they are actors in the pre-hospital system in case of psychotrauma.

Objectives: By means of a survey conducted among general practitioners in Morocco, we will first try to determine their place in the screening and management of psychotrauma, and then to evaluate their knowledge of EMDR therapy.

Methods: For this purpose, a questionnaire was developed and used as a basis for the study.

It included practical questions relating to the physicians’ activity, their practice in emergency consultations, their training, their management of physical and psychological trauma, and finally their knowledge of EMDR therapy,

Finally, we will attempt to propose concrete avenues for more effective, safer, and non-harmful management of psychotrauma in the basic health care system.

Results: the general practitioner was the first professional to receive a patient who was a victim of a physical or psychological trauma (road accident, rape, physical or verbal aggression), but the degree of knowledge and training for this type of care was low among our doctors.

Conclusions: Training sessions should be scheduled for general practitioners in order to optimize the management and prevention of post-traumatic stress disorder.

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