Aims We identify the prevalence of PTSD, medical and psychiatric comorbidities diagnosed by gender within outpatient, inpatient and emergency services.
Methods We conducted a retrospective analysis using existing medical records from all outpatient, inpatient and emergency department (ED) encounters in 2010–2012 in a safety net health care system in the US. We identified the rates of PTSD diagnosis by gender, co-occurring diagnoses in ED and inpatient care, and rate of different comorbid diagnoses following initial PTSD diagnosis.
Results Women in the sample had twice the likelihood of having a diagnosis of PTSD as compared to men (1.9% vs. 3.6%, $P > 0.001$), the most common comorbid diagnoses for ED visits were substance use disorder (SUD), depression, anxiety and pain. Men were more likely to have pain as a diagnosis in the ED as compared to women ($P > 0.001$). In inpatient services, men with PTSD were more likely to be diagnosed with a SUD (35% vs. 26%, $P > 0.001$) and women more likely diagnosed with comorbid depression (32% vs. 43%, $P > 0.001$). Men were more likely to have combined medical and substance use disorders and women more likely to have combined medical and psychiatric disorders.
Conclusions Given the different patterns of comorbidity by gender, services should focus on tailoring services early to contend with these differences.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW400

Russian–Georgian war crimes and its outcomes

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Introduction Georgia is the Country located in Caucasian Region with two occupied territories: Abkhazia and South Ossetia. Since 1993 as a result of military actions 500,000 civilians became victims of ethnic cleansing. In October 13, 2015 the Prosecutor of the International Criminal Court, requests judges for authorization to open an investigation into the Situation in Georgia that clearly shows importance of the problem addressed by this study.
Objectives of the study includes Observation of outcomes of traumatic stress among three categories of victims: IDPs, population living in the military conflict zone and civilians living in the so called "Buffer Zone". Aim of the study was to provide comparative analysis between trauma affected different groups.
Methods The clinical and paraclinical methods using the semi–structured clinical interview, psychological test battery and paraclinical diagnostic tests were used, analysis were provided by using the SPSS.
Results Based on observation in 2014–2015 $n = 150$ victims of war crimes were observed. Also additional stressors for all target groups were identified. Differences and similarities of psychological and somatic after effects of trauma revealed.
Conclusions We can conclude that prolonged stress situation with unsecured environment and daily life under unexpected circumstances caused prolongation of PTSD alongside of behavioral changes and with damages in social adaptation. On the other hand completed trauma with leaving of native living areas and significant changes in social life in most of cases caused emotional disturbances with prolonged chronic depression and persistent fillings of grief.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW401

Association of pro-inflammatory cytokines with PTSd severity in patients treated with omega-3 supplementation – a pilot study

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Introduction Association of pro-inflammatory cytokines with severity of various psychiatric disorders is shown. Evidence suggests omega-3 fatty acids reduce psychiatric symptoms due to anti-inflammatory properties.
Objectives To evaluate if serum levels of pro-inflammatory cytokines correlate with the intensity of PTSD symptoms, and the observed change in symptoms' severity induced by omega-3 supplementation.
Methods We included 26 Croatian Homeland war veterans (aged 39–60) with chronic PTSD and no major comorbidity, who were on stable therapeutic sertraline dose at least three months before recruitment. Levels of pro-inflammatory cytokines (TNF-α, IL-6, and IL-1β) were determined by the enzyme-linked immunosorbent assay method. Intensity of PTSD symptomatology was assessed by Clinician-Administered PTSD Scale (CAPS), Hamilton Anxiety Scale (HAM-A) and 17-item Hamilton Depression Scale (17-HAM-D). During 12 weeks, participants took omega-3 capsules (600 mg/day) while continuing sertraline therapy.
Results Most participants presented with moderate PTSD evaluated by CAPS. At baseline, cytokine levels were not associated with the severity of PTSD symptoms, as measured by all three scales ($P \geq 0.209$). After 12 weeks of omega-3 supplementation the severity of PTSD symptoms significantly decreased, on average by 8 to 13% on the psychometric scales per person ($P < 0.001$ for all). However, no association was found between the change in cytokine levels and the change in scores, induced by omega-3, on the assessed scales ($P \geq 0.730$).
Summary Cytokine levels are not associated with PTSD severity or with improvement in PTSD symptomatology. At the same time, sertraline therapy supplemented with omega-3 seemed to reduce the severity of PTSD symptoms.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW402

The "building block" effect of prior trauma for psychological outcome in victims of a natural disaster

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Background With increasing numbers of previous traumatic experiences, a rising risk of psychiatric morbidity and in particular post-traumatic stress disorder following an acute trauma has been reported. This dose-effect relationship was called the building

block effect. Most results are derived from studies on riot and prosecution victims. We investigated victims of a natural disaster with respect to the building block effect due to prior traumatization.
Methods We assessed tourists who had been affected by the Indian Ocean Tsunami 2004 using the Post-traumatic Diagnostic Scale, the Hospital Anxiety and Depression Scale, and the Post-traumatic Growth Inventory. Outcome variables were related to the numbers or prior civil trauma according to the trauma history scale of the PDS.
Results We found a building block effect for the development of anxiety ($P = 0.018$) and by trend with PTSD symptoms ($P = 0.06$), but not with depressive symptoms ($P = 0.436$). Prior traumatization and the actual Tsunami exposure significantly explained variance of personal posttraumatic growth ($P = 0.013$). Prior interpersonal traumata emerged as a strong risk factor for the development of posttraumatic psychiatric morbidity.
Conclusions We suggest that an increasing number of trauma is closely associated with anxiety but not with depressive disorders in the aftermath of natural disasters. For clinical practice, it is necessary to ask victims of natural disasters about prior traumatization, in particular about prior interpersonal trauma.
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EW403

Glucocorticoid-based therapeutic options for PTSD

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Introduction PTSD has been associated with HPA axis alterations, mainly consisting of reduced cortisol levels, elevated CRH and enhanced glucocorticoid receptor responsiveness. These findings led to the emergence of glucocorticoid-based therapeutic options for PTSD.
Objective To outline the different glucocorticoid-based interventions for PTSD either for prophylactic or for curative treatment.
Methods A systematic review was performed. The Medline database was searched using the following keywords: 'PTSD', 'treatment', 'Glucocorticoids', 'hydrocortisone'.
Results Glucocorticoid-based therapeutic for PTSD comprise preventive and curative interventions. Preventive interventions mainly consist of administering one single bolus of hydrocortisone shortly following the exposure to a traumatic event. Evidence comes from six published trials, all positive. Curative interventions include: prescribing hydrocortisone over short periods of time to treat PTSD symptoms, using Glucocorticoids to augment psychotherapy (in particular exposure therapy) for PTSD and using Mifepristone, a glucocorticoid receptor antagonist. Moreover, novel glucocorticoid receptor modulators are currently being developed and tested on animal models as a potential curative treatment for PTSD.
Conclusions Use of hydrocortisone in preventing PTSD might be tempting, as is the use of hydrocortisone or Glucocorticoid receptors antagonists/modulators in treating PTSD. Yet, it should be emphasized that these interventions are not mainstream yet. They rather reflect a revolutionary new direction.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW404

Risk factors for post-traumatic stress disorder – an epidemiological study

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Introduction Exposure to a traumatic event is necessary but not sufficient condition for development of posttraumatic stress disorder (PTSD). This is evident from the fact that many people who experience traumatic stressors do not develop this disorder. PTSD is a multicausal phenomenon and a final end point of the combination of a number of potential causes.
Objectives To examine the different factors as potential risk factors for developing PTSD in general adult population.
Methods The sample consisted of 640 subjects, randomly chosen in five regions of the country. The assessment has been carried out by MINI-5, Life Stressor Checklist-Revised, Brief Symptom Inventory, and Manchester Short Assessment of Quality of Life scale.
Results Older age, low education and lower monthly income can predict current PTSD, as well as decreased quality of life, psychiatric comorbidity and higher personal distress.
Conclusions The risk and resilience factors contribute to the development/protection of developing PTSD, which is important for prevention and treatment of this disorder.
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EW405

Importance of C-PTSD symptoms and suicide attempt

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Introduction Traumatising experiences have been shown to be important in suicide ideation and attempt. A prolonged and continuous exposure to stressing interpersonal events can have more complex consequences. Therefore, the concept of Complex Post-Traumatic Stress Disorder (C-PTSD) has been emerging.
Objectives Our goal is to relate the symptoms of C-PTSD with suicide attempt and to evaluate the differences between C-PTSD and PTSD on those patients. Moreover, we compared our findings with a control population without prior suicide attempts.
Methods Fifty patients that had been hospitalised in the Psychiatry ward following a suicide attempt were evaluated one week after the event with the ICD-11 Trauma Questionnaire (PTSD and C-PTSD). The same evaluation was performed on a control population without known suicide attempts.
Results There is a statistically significant relationship ($P < 0.001$) between the symptoms of C-PTSD and PTSD and suicide attempt, which effect is higher for C-PTSD. These symptoms are almost absent in the control group.
Conclusion C-PTSD seams to be a more relevant risk factor for suicidal attempts. This aspect is important to define preventive and treatment programs and for suicidal attempts follow-up. The importance of traumatic events and of traumatic stress symptoms as moderator factors should be considered in future research.
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