

factors, including organisational, cultural and external factors. Addressing under-resourcing and improving investigation quality are paramount to enhancing safety of care for people with intellectual disabilities.

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Predictors of the Course of Post-Traumatic Stress Disorder After Physical Injury Over Two Years

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Aims. The course of post-traumatic stress disorder (PTSD) is complex and remains an area of active investigation, as analyses aimed at identifying predictors of PTSD outcomes often produce variable and inconsistent results. This particular study delves into the progression and patterns of PTSD over a two-year period, focusing on individuals who are in the recovery phase from severe physical injuries. The research aims to understand the different trajectories that PTSD can take and to identify the factors that may influence these pathways, with the goal of enhancing our understanding and treatment of this challenging and multifaceted condition.

Methods. Patients were recruited from a trauma center at a university hospital in South Korea between June 2015 and January 2021. At baseline, 1142 patients underwent evaluations encompassing trauma and PTSD-related measures, socio-demographic characteristics, pre-trauma characteristics, and peri-trauma assessments. They were subsequently followed up for PTSD using the Clinician-administered PTSD Scale (CAPS) at 3, 6, 12, and 24 months. The analyzed sample consisted of 1014 patients who were followed up at least once after the baseline and 3-month evaluations. Latent class growth analysis was employed to identify distinct trajectory groups, and logistic regression models to ascertain predictors associated with each trajectory.

Results. The study identified five unique trajectories of PTSD progression among the patients: resilient, worsening/recovery, worsening, recovery, and chronic groups. The "worsening/recovery" trajectory, which indicates patients whose symptoms initially worsened but later improved, was predominantly associated with individuals who had experienced previous traumatic events and those who had sustained injuries from traffic accidents. On the other hand, the "worsening" trajectory, where patients' symptoms continuously deteriorated over time, was linked to individuals with higher education levels and elevated depressive symptoms. The "recovery" trajectory, characterized by a gradual improvement in symptoms, was more common in female patients and those with a history of childhood abuse, traffic-related injuries, a dissociative subtype of PTSD, and higher levels of anxiety and depressive symptoms. Lastly, the "chronic" trajectory, where patients experienced persistently severe symptoms, was predicted by the presence of a dissociative subtype of PTSD and heightened anxiety symptoms. These findings illustrate the diverse paths PTSD can take and highlight the importance of various factors in influencing these trajectories.

Conclusion. These findings highlighted the heterogeneity of PTSD symptom development and thus the importance of

considering individual characteristics when assessing and addressing PTSD following severe physical injuries.

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Prevalence and Associated Factors of Depressive Disorder After Exposed Prolonged Traumatic Event

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Aims. Depressive disorder is one of the most typical psychiatric disorders that occurs after a traumatic event. However, there has been minimal research regarding the prevalence and associated factors of depression after a traumatic event. Therefore, this study aims to investigate the prevalence of depressive symptoms and associated factors in the residents of the Gangjeong village, who have been exposed to a traumatic event recently for a prolonged period.

Methods. The subjects of this study were the residents of the Gangjeong village, who have been exposed to a traumatic event related to the construction of the Jeju Civilian-Military Complex Port. The questionnaires were used to assess the participants' general characteristics (sex, age, marital status, occupation, self-perceived health, etc.); in addition, for the clinical evaluation, overall stress was assessed through the Global Assessment of Recent Stress Scale (GARS), social support through Functional Social Support Questionnaire (FSSQ) and suicide risk through Mini-International Neuropsychiatric Interview-Plus (M.I.N.I.-Plus). In order to evaluate the depressive symptoms, CES-D (Center for Epidemiologic Studies Depression Scale) was used.

Results. In 713 subjects, the prevalence of depressive symptoms was 18.5% (95% CI=15.66–21.36) (Table 1). Multivariate logistic regression analysis identified the length of residence and marital status as factors associated with depressive symptoms (Table 2). Furthermore, the depression group has a significantly higher score of overall stress (GARS), suicide risk and the lack of social support (FSSQ), in comparison with the non-depression group (depression gr. vs non-depression gr. : 28.8 ± 15.0 vs 12.8 ± 10.1 , 4.9 ± 8.0 vs 1.1 ± 3.6 , 44.8 ± 13.2 vs 34.0 ± 13.9 , respectively).

Conclusion. The prevalence of depressive symptoms was higher among the study population compared with the general population. People exposed to the traumatic event, especially after prolonged exposure, should be assessed for environment factors, the status of overall stress, social support and the suicidal risk.

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Understanding the Issue of Alcoholism in the British Sikh Punjabi Community. Based on This, How Can the Medical School Curriculum Be Improved So Clinicians Can Better Meet the Needs of the British Sikh Punjabi Community and Diverse Communities in General?

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