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Abstracts of the 26th European Congress of Psychiatry - 2018

EV0636

Clinical-psychopathological characteristics of clinical variants and types of the course of PTSD in servicemen of the armed forces, participants in military operations in Eastern Ukraine

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Introduction.– A clinical picture of mental health pathology in persons, who participated in military conflicts, is presented with a wide range of structurally and expressively different disorders, from psychologically understandable reactions and premorbid conditions to clinically defined forms of pathology, among them posttraumatic stress disorders (PTSD) are the matter of a significant clinical interest.
Objection.– The aim of the study was to investigate clinical-psychopathological variants and types of the PTSD course in servicemen of the Armed Forces.
Methods.– In the study 112 servicemen of the Armed Forces of Ukraine, who were direct participants of the antiterrorist operation (ATO) in eastern Ukraine in 2014-2015, were examined. The complex of the study included clinical-psychopathological methods, as well as the Mississippi Scale for Combat-Relative PTSD (M-PTSD), the Impact of Event Scale-Revised (IOES-R), and the questionnaire SCL-90-R (Derogatis Scale).
Results.– PTSD clinical variants were defined: anxious (33.9%), dysphoric (24.1%), asthenic (14.3%), dissociative (10.7%), mixed (10.7%), hypochondriac (3.6%), and somatoform (2.7%). An analysis of types of the PTSD course demonstrated that a stable type of the course was more frequent in hypochondriac, mixed, anxious, dissociative, and dysphoric variants–in 75.0%, 66.6%, 60.5%, 50.0%, and 48.1%, respectively ($p < 0.05$); a progredient type–in 25.0%, 18.4%, 33.3%, 33.3%, and 16.7%, respectively ($p < 0.01$). In patients with asthenic clinical variant a regredient type of the course prevailed (37.5%; $p < 0.05$).
Conclusions.– On the base of the data obtained, the system of criteria for PTSD diagnosis has been clarified, that is a basis for optimization of therapeutic and preventive approaches.
Disclosure of interest.– The authors have not supplied their declaration of competing interest.

EV0637

When sleep is not enough: Examining EMDR mechanisms of action

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According to World Health Organization (2013), EMDR is one of the most effective therapies in the cure of PTSD. Nevertheless, a large part of its mechanisms of action remain unknown. Our research comes within the framework of the discovery of these physiological mechanisms. EMDR activates normally sleep-dependent memory processing (Stickgold, 2002). However, certain states of sleep, especially the REM sleep, can cause a high exposure to traumatic contents, stored in the hippocampus(Spencer, 2015). The hippocampus is involved in memory consolidation during REM sleep. In cases of too high traumatic network exposure, sleep is interrupted by the awakening. We hypothesize that, in the awake period, EMDR therapy creates problem-solving and memory consolidation conditions, allowing an adaptive processing of the traumatic memory. We believe that this operation is similar to dream elaborations, without depending on the state of sleep. We will test this hypothesis by creating three experimental conditions: "sleep", "EMDR" and "control". Participants are confronted with traumatic images followed by recognition tasks. We will measure physiological responses during the 3 steps. The aim is to discover which condition allows the most adaptive information processing (recall of the essential information and oblivion of the insignificant details and a concurrent weakening of the response than during the exopsure task), and to examine the effects of the traumatic images and EMDR on sleep.
Learning objectives:
– identify EMDR mechanisms of action;
– compare EMDR mechanisms with sleep mechanisms;
– experiment technology of physiological measure in EMDR therapy.
Disclosure of interest.– The authors have not supplied their declaration of competing interest.

EV0638

Psychotherapy of posttraumatic stress disorder patients in Ukraine

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Comprehensive psychosocial rehabilitation of 375 posttraumatic stress disorder (PTSD) combatants was exercised. Premorbid personality characteristics of patients with posttraumatic stress disorder are heterogeneous. It should be noted that all of the testees had problems in microcommunity such as, confl icts in the parents or children's family, divorce, conflicts with friends, colleagues in the aethiology of PTSD there are three groups of factors were shown:
I. Hereditary-organic. Constitutional and typological features of the central nervous system and features of theaccentuated personality.
II. Psychogenic.
These are acute factors of external action.
III. Psychoorganic-comorbide. Organic complication, majority trauma origin.
The rehabilitation program was implemented in three stages.
1. The initial stage (setting therapeutic contact compliance)–2–3 days.
2. Main (rehabilitation) stage–14–18 days. Carrying out individual psychotherapy, group psychotherapy CBT-oriented, relaxation techniques with the assimilation of elements of autogenous training
(constantly), physiotherapy, exercise therapy, aromatherapy, refl exology, pharmacological (if weeded).
3. Supporting (completing) stage–2–3 days. Carrying out individual psychotherapy,
relaxation techniques.
Results.– It has been hypothesized that the basis for PTSD symptoms is chronic hyperstimulation of the Autonomic Nervous System which leads to a classic fi ght or fl ight response and subsequently many of the previously mentioned symptoms experienced by a combatants a suffering from the condition. It is the responsibility of the practitioner to aid the combatant in managing PTSD in a manner

that helps them adapt tocurrent living situations. The high efficacy were observed on 80% patients, middle range-15%, no response-5%.
Disclosure of interest.– The authors have not supplied their declaration of competing interest.

EV0639

Culpability and identification process in the clinic of trauma: Identity in the future of attacks

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The 2015 and 2016 terrorits attacks on French soil provoked social upheavals whose mistrust between communities was only the symptom. These upheavals, far from being mere mass movements, could be analysed at the clinical level as the manifestation or symptom of a fear induced by a feeling of guilt due to the sense of belonging to the community of those designated as responsible or guilty of the terrorits drama. While it is possible to consider clinical care of patients imbued with feeling guilty in a context of intersubjective crisis, this clinical care is more complex when the crisis involves group entities, imposing on the subject to face daily inquisitiv gaze of the "other". This perception then feeds on fantasies and various affects on which the evolution of the clinical symptomatology of the patient will depend. This clinical care is all the more complex when the clinic is caught in the clinic of the child and/or the adolescent.
How, then, can we consider the individual clinic when, faced with the peculiarity of adolescence, the patient is confronted with the gaze of the other, himself suspicious and supposed to be stigmatizing?
Disclosure of interest.– The authors have not supplied their declaration of competing interest.

EV0640

Factors associated with PTSD in a group of Syrian refugee who applied to immigrant/refugee mental health special branch outpatient clinic

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Introduction.– The primer goal should be preventing of PTSD so its so important to determine factors which associated with PTSD. The differences between those who develop and do not develop PTSD after exposure to trauma are important to determine that factors.
Method.–The Traumatic Events Scale was applied to syrian patients who applied to refugee mental health outpatient clinic. Clinical interviews were performed with those people who were defined as having traumatic experiences and the data forms which were prepared by the researchers were filled in. Then, test battery was given and this battery included the self-report scales.
Results.– In our study 35 people who had had traumatic experiences were included and 11 of them were diagnosed with PTSD. When the patients who has and has not been diagnosed with PTSD compared, a significant relationship was found among quality of life (p:0,011), well-being (p:< 0,001), perceived stress (p:0,027), depression scores (p:0,005). Also, it was found that people who were diagnosed with PTSD are talking with their relatives in Syria and having conversations on phone less often according to people who were not diagnosed with PTSD (p < 0,001). The other important finding was that the development of PTSD is more related with experiencing traumatic events rather than the types of events.
Discussion.– As convenient with the past literature, the important thing for the developmental process of PTSD is being exposed to traumatic experiences rather than the type of the experience.
Disclosure of interest.– The authors have not supplied their declaration of competing interest.

EV0641

Exploring posttraumatic stress disorder in vulnerable areas

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Intoduction.– Violence in urban areas of south america has turned a relevant issue in mental health nowadays. Ptsd has been determined as a frequent pathology, mainly because individuals living in large cities are facing and witnessing distressing situations.
Objective.– To explore the PTSDprevalence and depression in vulnerable environments of guayaquil - ecuador.
Methodology.– Two ambulatory care centers, that belong to the ministry of health were chosen for this study, both of them located at the febres cordero paris. (low income and risky area of guayaquil). Premedical students were trained to collect the information using the davidson scale (DTS), PCL 5 and Beck Depression Inventory (BDI).
Results.– This is a transversal descriptive study, the total sample: 107: 75(70%) women, 32(29.9%)men. Davidson scale:positive: 34.6%, 11% men, 26% women. Pcl 5: 14%, 3% men, 12% women. BDI: Moderate 12%, extreme 5.6%.
Conclusions.– Overall, 34.6% shows and important evidence of PTSD in Febres Cordero parish. Depression is remarked with a moderate score 12% and a extreme score of 5.6%. These results must be a warning to the ecuadorian mental health system since most of the ambulatory care system do not count with a mental health area. Further studies must be done to determine the prevalence of ptsd, not only in guayaquil city but also in other south american cities in order to work on mental health programs.
Disclosure of interest.– The authors have not supplied their declaration of competing interest.

Prevention of mental disorders

EV0642

Psychiatrist role in periodical medical examination of chemical industry workers

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Follow to the importance of mental health of population, especially among working people, the evaluation of occupational factors were analysed.
Post-traumatic Stress Disorder 4.2.1., (indicated as F43.1 at DSM-V) and Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically,