

Objectives: The aim of this study is to study the contribution of the EMDR associated to pharmacological treatment in PTSD among military patients comparing to patients who received only medication .

Methods: The study was conducted since 2021 during ten months at the military hospital concerned two groups of patients with PTSD the first one composed of four military patients with PTSD who received 11 sessions of EMDR associated to medication and the second one four patients exposed to the same trauma under medication only. The evolution of troubles were assessed using PCL-5 scale and medication compliance was assessed by psychometric scale MARS .Other data was gathered from medical files .

Results: The first group of four military patients who were followed for PTSD since a year under pharmacological treatment presented sleep disorders with flashbacks and nightmares . . The patients consulted for a depressive disorder and asocial isolation with feelings of insecurity about others. Psychiatrists proposed to associate 11 sessions of EMDR . At the end of sessions the evolution was interesting with regression of symptoms and remission comparing to the second group who presented relapses ten months later.

Conclusions: To improve symptoms of PTSD The use of EMDR is not systematic in a culture where emotional expression is restrictive in an environment that favors the intellect over the emotions. However EMDR can help the military patients with PTSD to link cognition to the emotions. Psychiatrists should propose this therapy as well as possible to patient with severe trauma to avoid relapse .

Disclosure of Interest: None Declared

EPV0772

Caesarean section and post traumatic stress disorder

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Introduction: Childbirth can be a very painful experience, especially vaginally. It can have many complications. The obstetrical complications of caesarean section are well studied but its psychological complications are little mentioned. Most women recover quickly after giving birth, but others seem to have more difficulty. Researchers have attempted to identify perinatal risk factors for the development of post-traumatic stress disorder in parturients and caesarean section seems to be one of the predictors.

Objectives: The objective of our study is to detect post traumatic stress disorder in women after vaginal delivery.

Methods: This is a cross-sectional descriptive study conducted among women from the general population who have given birth vaginally. The information was collected using a questionnaire distributed on social networks. Symptom severity was quantified using the PTSD checklist for DSM-V (PCL-5).PCL-5 is a 20-item self-assessment that measures the 20 DSM-5 symptoms of PTSD. She rates each symptom from 0 (not at all) to 4 (extremely). The score varies from 0 to 80. A threshold of 33 allows screening for post-traumatic stress disorder.

Results: 61 women took part in this study, 81.5% of whom gave birth vaginally between the ages of 20 and 30.70.3% of the

participants gave birth vaginally once, 44.4% twice and 7.3% of the women in our sample had a caesarean three times.Regarding the indication of the high way in our sample: the narrowing of the pelvis and fetal distress were in 22.2%. Exceeding term was in 18.5% of cases.In our sample, 59.3% of the women had planned their vaginal delivery and 40.7% had given birth urgently.Regarding the results of the PCL-5 scale (PTSD checklist for DSM-V), the score varies between 0 and 48 with a median score equal to 12. 3.7% of the participants had a score greater than 33.

Conclusions: Post-traumatic stress disorder can accompany childbirth, especially when it is high and in an emergency. Postpartum post traumatic stress disorder affects the mother-child relationship and can be complicated by depressive disorder. Medical monitoring of pregnancy, good medical and family support for the parturient and preparation for childbirth are necessary to better start the maternity experience.

Disclosure of Interest: None Declared

EPV0774

A Systematic Review of the Effect of Post-traumatic Stress Disorder Programs for Nurses

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Introduction: Nurses are at an increased risk for work-related stress resulting in post-traumatic stress disorder (PTSD). They are susceptible due to frequent exposure to traumatic situations providing care for patients.

Objectives: The purpose of this systematic review is to comprehensively review the content and characteristics of intervention programs for reducing the post-traumatic stress of nurses or nursing students, providing a basis for developing a standardized protocol for programs to promote the integrated health of nurses and protect them from stress events in clinical environments.

Methods: This is a systematic review. Participants (P) targeted nurses or nursing students; Intervention (I) included intervention programs for reducing post-traumatic stress; Comparison (C) was control groups provided with usual or no interventions ; and Outcomes (O) referred to changes in physical or emotional reactions toward post-traumatic stress. Two researchers searched four databases including PubMed, CINAHL, PsycINFO, and EMBASE with keywords such as “nurse,” “post-traumatic stress disorder,” “program,” and “intervention”. A total of 7,523 studies were searched and 10 studies were included for final analysis (Image 1). The Risk of Bias2 (Image 2) and the Risk of Bias for Non-randomized Study I (Image 3) were used to evaluate the quality the included studies.

Results: The number of studies is increasing, with four studies published before 2020, and six studies published since, of which three in 2022. Definitions of trauma situations to which nurses are exposed included diverse elements such as patient death, workplace violence, the COVID-19 pandemic, and complex trauma experiences due to working environments. Most studies have provided

multiple intervention sessions, which is appropriate considering the characteristics of PTSD. Most studies examined the secondary effects on mental health such as anxiety, depression, and burnout caused by stress rather than evaluating stress itself. The quality of the study was generally highly biased. The risk of bias increased for the two randomized controlled trials in terms of measurement outcomes and outcome description. The other eight non-randomized studies all included a self-reporting questionnaire of participants, leading to a risk of bias in terms of measurement outcomes.

Image 1:

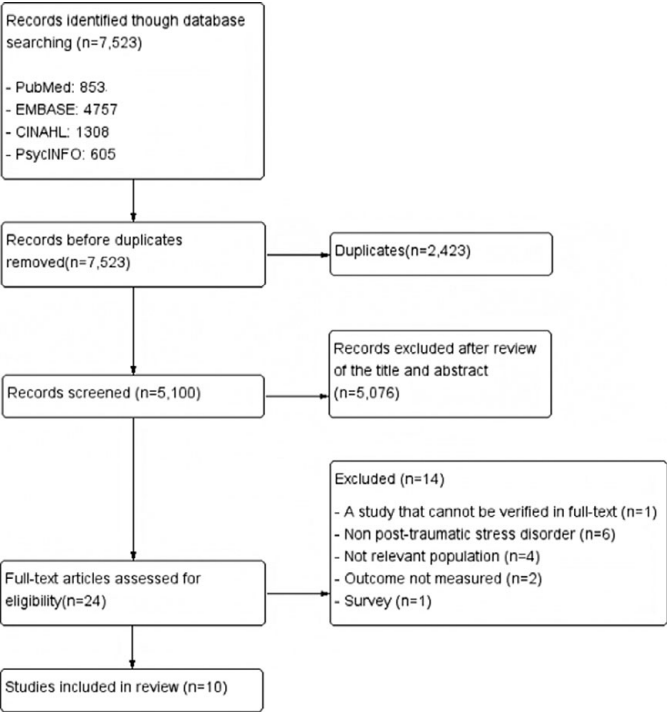


Image 2:

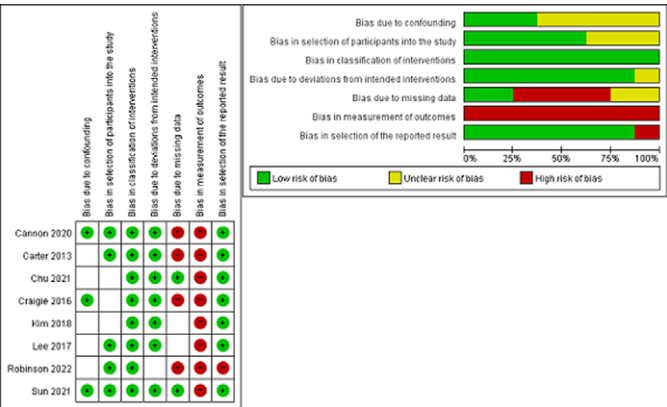


Image 3:



Conclusions: Studies have been conducted to confirm the effectiveness of interventions given heightened concerns about PTSD in nurses. However, the concept of the trauma experienced by nurses was not integrally defined, and information on interventions was often limited. Efforts are required to improve the quality of research in terms of experimental study design.

Disclosure of Interest: None Declared

EPV0775

Post-traumatic stress disorder (PTSD) and associated factors in the population victim of violence in Cordoba, Colombia

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Introduction: The Department of Cordoba is located in the north of Colombia and is a key territory for understanding the political violence that the country has experienced. Cordoba has suffered the armed conflict with various groups present in the area. In the category of victimizing acts, more than 30,000 victims of forced displacement have been reported and 4,621 for forced disappearance.

Objectives: The objective of this study is to evaluate the prevalence of PTSD and associated factors in a population victim of violence in Cordoba, Colombia.

Methods: Design: cross-sectional, using quantitative data. Participants: victims of forced displacement in Cordoba (n=95), of whom 42.75% (n=45) were men and 57.25% (n=50) were women. The mean age of the participants was 40.7 (SD 14.1) Instruments: Clinician-Administered PTSD Scale (CAPS) (Blake et al., 1990) was administered to check clinical symptoms of the Disorder; to assess the causes of symptoms was administered The PTSD Checklist PCL-C is a short version of the PTSD Checklist – Civilian version (Weathers, 1993). Additionally, the BDI was administered to assess depression and STAI to measure anxiety. Data analysis: a Student's t-test was used to assess the difference by gender and age groups. Descriptive statistics were also used to identify clinical characteristics of the sample.