EPP0092

The Contribution of Childhood Adversity and Potentially Traumatic Events During Military Service to PTSD and Complex PTSD Symptoms Among Israeli Women Veterans

G. Zerach

Psychology, Ariel University, Ariel, Israel
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Introduction: Adverse childhood experiences (ACEs) and exposure to potentially traumatic events (PTEs) during military service are associated with mental health problems. However, knowledge about relative contributions of these factors to non-U.S women combat veterans' posttraumatic sequalae is sparse.
Objectives: To examine associations between ACEs, combat exposure, military sexual trauma (MST), potentially morally injurious events (PMIEs), posttraumatic stress disorder (PTSD) and complex PTSD symptoms among women veterans.
Methods: A volunteer sample of Israeli women combat veterans (n=885) and non-combat veterans (n=728) responded to self-report questionnaires in a cross-sectional design study.
Results: Combat veterans reported more total average ACEs, were more likely to experience 3 or more ACEs and specific ACEs of physical abuse and emotional neglect, as compared to non-combat veterans. Combat veterans also reported higher levels of combat exposure, PMIEs, higher prevalence of MST and higher levels of PTSD symptoms, but not CPTSD symptoms, as compared to non-combat veterans. Importantly, ACEs, combat exposure, MST-assault and PMIEs of betrayal predicted PTSD symptoms, while only ACEs and PMIEs of betrayal predicted complex PTSD symptoms.
Conclusions: This study emphasized the relatively high exposure to PTEs and PTSD symptoms of women combat veterans as compared to non-combat veterans. Our findings also confirm prior studies demonstrating associations between ACEs, combat exposure, MST and mental health problems. Importantly, we demonstrated the unique contribution of betrayal based PMIEs and the differential associations of PTEs with PTSD and Complex PTSD symptoms among combat veterans.

Disclosure of Interest: None Declared

EPP0093

The mechanisms of influence in intergenerational trauma transmission from mother to baby after the war in Bosnia-Herzegovina: what have we learned since then?

K. Le Roch

Psychology, Rene Descartes University, Paris, France
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Introduction: After the war in Bosnia-Herzegovina that lasted from 1992 to 1995, the populations gradually rebuilt their lives haunted by the spectrum of personal and collective painful souvenirs. Regarding the children who were born after the war, some mothers would rather not talk about it to protect their children from what they might be feeling while others would definetely share what they have experienced to protect their children. Because the intergenerational transmission of war trauma from mother to baby has been poorly explored among populations who recently lived in a warzone, we seeked to highlight the particularity of the interpersonal relations between the mother and her child in connection with maternal psychotrauma, by searching the factors of influence on the functioning of the dyad.
Objectives: The main objective of this study is to determine and conceptualize the modes of transmission of trauma from the study of mother-baby interactions in a Bosnian environment, after the war in Bosnia-Herzegovina.
Methods: In 2003, 40 mothers and their babies aged 2 to 36 months living in Sarajevo were enrolled in the study. Among these mothers, 31 lived in or near the warzone and 9 were either displaced in other areas of the country or were refugees in foreign countries. We assessed the level of severity of post-traumatic stress disorder (PTSD) using the Clinician Administered PTSD Scale (Blake et al, 1998). In order to examine the quality of the mother-child dyads of mothers who lived through the war, we videorecorded a 10-minute free play of 23 dyads in their home environment. Then the interactions were coded using the National Institute of Child Health and Human Development observation grid by two independent raters.
Results: The results showed that all mothers who lived through the war presented post-traumatic symptoms but only half of them showed a PTSD. Videotaped observations of mother-child interactions during playtimes revealed that their interactions are less linked to the mother's PTSD than to the influence of PTSD on maternal attitudes and thereby extending to those of their infant. They are less sensitive to their children's signals. They are also more intrusive and detached. Overall, they are more focused on themselves than on their child when they are interacting. As a result, their children are more focused on play and less actively engaged in communicating with their mothers.
Conclusions: The interactions between the mother and her child cover a set of relatively complex processes during which the two partners influence each other. When a mother lives through the war, she will pass on to her child an often painful life story. And thus, it is not only the content but also the way she transmits it that influences how the child receives the objects of the transmission.

Disclosure of Interest: None Declared

EPP0094

Stress and pain regulation: Parallel processes among traumatized individuals

K. Ginzburg* and R. Defrin

Tel Aviv University, Tel Aviv, Israel
*Corresponding author.
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Introduction: The human reaction to traumatic events is often marked by a dialectic alteration of two emotional states –a state characterized by intrusion, anxiety and hyperarousal, and a state of denial marked by dissociation and numbing. These two seemingly opposite states represent attempts to modulate stress, as gradual reduction of their intensity represents an adaptation to stress. Maladaptive reactions to trauma, however, reflect disrupted regulation capacities, manifested as persistent over-modulation or under-modulation of stress.

Objectives: To demonstrate that these manifestations of disrupted regulation, as observed among individuals with posttraumatic stress disorder (PTSD) and borderline personality disorder (BPD) are also reflected in patterns of pain modulation.
Methods: Three studies using self-report questionnaires and psychophysical tests, assessing sensitivity to pain, as reflected by pain thresholds, and reactivity to suprathreshold noxious stimuli, as implicated in their rating
Results: Study 1 Included 32 PTSD outpatients, 29 anxiety disorder outpatients, and 20 healthy controls. PTSD patients reported higher rates of chronic pain (83.3%) than anxiety patients (42.0%) and controls (5.0%). PTSD severity correlated with chronic pain severity ($r = 0.61$, $p < 0.01$). PTSD patients displayed a unique paradoxical pain profile, according to which their pain thresholds were significantly *higher* than those of the anxiety patients and controls ($p < 0.01$), but they perceived suprathreshold stimuli as being much *more intense* ($p < 0.01$).
Study 2 included 32 PTSD outpatients and 43 healthy controls. Findings replicated the paradoxical pain profile among PTSD patients. Pain thresholds were positively associated with dissociation level ($b = 0.49$; $p < 0.05$) and negatively associated with anxiety level ($b = -0.63$, $p < 0.01$). Pain ratings were positively associated with anxiety ($b = 0.52$, $p < 0.05$) and negatively related to dissociation levels ($b = -.51$, $p < 0.05$).
Study 3 included 46 women diagnosed with BPD and 47 healthy controls. Women with BPD reported higher levels of childhood trauma ($p < 0.05$) than the controls. They also demonstrated higher pain thresholds ($p < 0.05$). Among subjects with high levels of body dissociation, implicated by reduced body awareness, those with BPD demonstrated *hyposensitivity* to pain, manifested in higher pain thresholds, lower suprathreshold pain ratings, and pain evoked by higher temperature, than the controls. Among those with low levels of body dissociation, BPD subjects demonstrated *increased reactivity* to pain as manifested in higher pain ratings and pain evoked by lower temperature.
Conclusions: These findings demonstrate the association between over-modulation and under-modulation of stress and over-modulation and under-modulation of pain, respectively, among PTSD and BPD patients. These findings point to parallel processes of disrupted regulation among traumatized individuals.

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EPP0095

Treating Attention-deficit/hyperactivity disorder During Pregnancy and Breastfeeding

A. S. Vieira*, H. Santos and I. Valada

Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal
*Corresponding author.
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Introduction: Attention-deficit/hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders, and in the majority of patients persists into adulthood. There is a lack of data regarding the risks of ADHD medication during pregnancy and breastfeeding. While some women may be able to discontinue without adverse effects, others may experience significant functional impairment. Due to the rising number of ADHD medication prescribed to women at child-bearing age, it is important to determine which medications can be considered relatively safe in pregnancy and lactation.
Objectives: We aim to review recent evidence on the risks of stimulant and non-stimulant treatment in pregnancy and lactation.
Methods: Literature review on the topic through PubMed and Google Scholar using the search terms: "ADHD", "ADD" , "Pregnancy", "Lactation OR breastfeeding", "Stimulants", "Methylphenidate OR Amphetamine OR lisdexamfetamine OR atomoxetine OR modafinil". Only original research papers written in English were included.
Results: We identified twelve studies investigating the use of ADHD medication in pregnancy and four studies regarding lactation. Most of the studies did not find an elevated risk for congenital malformations by treatment with methylphenidate or medical amphetamines during pregnancy. A report suggested a moderate risk for congenital defects in infants exposed to modafinil in utero. The teratogenic effects of atomoxetine and guanfacine have not been investigated. Regarding lactation, only case reports and case series were found. Methylphenidate seems to be safe, with little transfer into breast milk and no reported adverse effects for the baby. Amphetamines transfer into breast milk and reach relatively high concentrations, and although the overall risk for intoxication seems to be low it cannot be fully excluded.
Conclusions: Prescription of ADHD medication to pregnant and lactating women should be considered after an individual risk-benefit estimation. In severe cases, when medication cannot be discontinued, the overall risk for adverse outcomes seem to be relatively low. More higher quality studies are needed on the topic.

Disclosure of Interest: None Declared

EPP0096

Trazodone induced euprolactinemic galactorrhea – a case report

D. Mortágua[1,2]* and D. Rafaela[1]

[1]Department of Psychiatry, Centro Hospitalar e Universitário de Coimbra and [2]Institute of Medical Psychology, University of Coimbra, Coimbra, Portugal
*Corresponding author.
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Introduction: Trazodone is an antidepressant that exerts its effect through serotonin reuptake inhibition and 5-HT2A and 5-HT2C receptor antagonism. Galactorrhea, as well as the increase in prolactin levels, have been seldom related to antidepressants. These adverse effects are more frequently observed with antipsychotic medication.
Objectives: To present and discuss a case of Trazodone induced galactorrhea in a 24-year-old female patient diagnosed with a moderate depressive episode, without psychotic symptoms.
Methods: Clinical case description and literature review.
Results: We present the case of a healthy 24-year-old woman, medicated with oral contraceptives, presented to a Psychiatry Consultation due to worsening depressive and anxious symptoms. Prolonged-release Trazodone was initiated with the indication to gradually titrate up to 300 mg/day. On the third day of treatment