

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.

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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-1 β) 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