

Introduction: Post-traumatic stress disorder (PTSD) is a mental health condition that violates everyday functioning, and it is a result of a traumatic event or life-threatening event. Symptoms of PTSD are nightmares, flashbacks, symptoms of negative emotions and perception, avoidance behavior, and social avoidance and it can affect children. Dissociative symptoms are a part of dissociative disorder in the form of anxiety disorder, but these symptoms can occur in dissociative form of PTSD.

Objectives: The goal of this paper is to present a patient who is under neurological treatment, diagnosed with spastic paraplegia, and under psychiatric treatment diagnosed with PTSD, depression, and possible dissociative disorder.

Methods: This is a case report paper. A male patient, 57 years old, participated in Homeland War in Croatia for a duration of 18 months. He experienced many traumatic events and life-threatening events, such as the death of his friends. The first psychiatric symptoms occurred after war experiences, and the symptoms manifested as headache, insomnia, grumpiness, and paralyzing fear which led to the feeling that his legs were "taken away". Similar symptoms persisted even after the war ended and in other stressful situations along with difficulty walking. He went under neurological testing and it turns out that it might be spastic paraplegia. He was diagnosed with prolactinoma, and since 2019 he has been in psychiatric ambulatory treatment in the Daily Hospital of Clinical Hospital Split, diagnosed with PTSD, depression, and dissociative disorder.

Results: We used psychotherapy methods such as socio-therapeutic and group psychotherapy, along with pharmacology therapy (sertraline, diazepam, olanzapine).

Conclusions: Pharmacology interventions might affect PTSD patients in a positive way and help them to function in everyday activities.

Disclosure of Interest: None Declared

EPV1414

Post-traumatic stress disorder: a need for alternative approaches

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Introduction: Post-traumatic stress disorder (PTSD) is a mental health statue that arises from traumatic events featuring by intrusive memories of the incident, difficulty in interpersonal relationships, recurrent distress, avoidance of similar situations and flashbacks. Although conventional treatments such as cognitive behavioral therapy (CBT), exposure therapy, selective serotonin reuptake inhibitors (SSRIs), and medications like prazosin are widely used and supported by scientific evidence, an increasing number of individuals are turning to alternative treatments. For instance, mind-body practices have demonstrated therapeutic benefits for stress reduction, including decreased anxiety, depression, and anger, as well as improved pain tolerance, self-esteem, relaxation, and coping abilities. Practices such as yoga, tai chi, and meditation, which involve physical postures, stretching, and deep breathing, are gaining popularity for managing PTSD symptoms. Additionally, lifestyle changes, diet, mindful breathing, Ayurvedic medicine, and somatic therapies like dance therapy are increasingly recognized as valuable tools for improving quality of life

in trauma survivors Clinicians should discuss mind-body interventions with their patients and educate them about the potential benefits of them to maximize the diversity of treatment options.

Objectives: This review aims to explore both conventional and alternative approaches for PTSD treatment, including psychotherapy, psychopharmacology, and complementary practices such as exercise, diet, meditation, yoga, deep breathing, and dance therapy.

Methods: The study is a literature review conducted through PubMed.

Results: The studies included in this review exhibited considerable heterogeneity, with varying designs, intervention methods, and study durations, as well as differing use of control groups. As a result, conducting a true meta-analysis was not feasible.

Conclusions: "Mind-body practices" incorporate numerous therapeutic effects on stress responses, including reductions in anxiety, depression, and anger, and increases in pain-tolerance, self-esteem, energy levels, ability to relax, and ability to cope with stressful situations.

Given the limitations in the current evidence for conventional treatments and the growing use of complementary and alternative approaches, there is a pressing need for more comprehensive re-search into these alternative therapies. Future studies should aim to evaluate the effectiveness of mind-body interventions and other complementary practices as potential treatments for PTSD.

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EPV1415

Post traumatic stress disorder in postpartum: when guilt delays recovery. A case report

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Introduction: PTSD is a mental disorder that may develop after exposure to threatening or horrifying events. PTSD is characterized by the following: 1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks, or nightmares. Re-experiencing may occur via one or multiple sensory modalities and is typically accompanied by strong or overwhelming emotions, particularly fear or horror, and strong physical sensations; 2) avoidance of thoughts and memories of the event or events, activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat. The symptoms persist for at least several weeks and cause significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Some reviews found that PTSD is prevalent during pregnancy and after birth and may increase during postpartum if not identified and treated. It can affect women, their relationship and birth outcomes as well as infant emotion regulation and development. The findings indicate that there are links between psychological, traumatic and birth-related risk factors as well as the perceived social support and the possible PTSD following childbirth in mothers and partners.

Objectives: A case report is presented alongside a review of the relevant literature regarding the prevention, diagnosis, and treatment of PTSD.

Methods: We present a case report of a 34-year-old woman with no previous contact with Mental Health Services. She got pregnant unexpectedly in the context of a long stable relationship. At the beginning she was feeling uncertain about carrying on with the pregnancy but finally decided to keep it. She states she felt well throughout the pregnancy. The night after giving birth her baby suffered from a cardiorespiratory arrest, which was noticed by the nursing team but not by the mother. The baby recovered with no medical sequelae but the patient started feeling depressed and presenting anergy, apathy, irritability, flashbacks, and intrusive memories of her sick baby and insomnia, checking every hour during the night that her child was still breathing. Later she developed separation anxiety from her baby, not being able to leave her in the kindergartner nor to leave her alone with other family members (including the father). Guilty feelings were persistently observed during the therapy sessions.

Results: Psychotherapeutic and pharmacological treatment was started with moderate improvement. Since breastfeeding was a rewarding experience and enforced the mother-daughter bond it was taken in consideration for the therapeutic plan.

Conclusions: The postpartum period is of special vulnerability and early treatment of symptoms in mothers is of great importance. Early diagnosis in maternity services should be a priority.

Disclosure of Interest: None Declared

EPV1416

Online trauma psychoeducation for people with depression and comorbid PTSD symptoms: A pilot randomized controlled trial

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Introduction: Depression is commonly comorbid with post-traumatic stress disorder (PTSD) symptoms. There is a lack of studies evaluating trauma-informed interventions for people with depression and PTSD symptoms.

Objectives: We examined whether an online, easily accessible, trauma psychoeducation program would be helpful for people with both depressive and PTSD symptoms.

Methods: Participants with depression (PHQ-9 ≥ 10) and co-occurring PTSD symptoms were recruited online and randomly assigned to the intervention group (i.e., a 10-session online program based on *Be a Teammate With Yourself*) or the control group. Outcome measures included the Brief-COPE, a subscale of the Endorsed and Anticipated Stigma Inventory, and the Post-traumatic Maladaptive Beliefs Scale. These outcomes were assessed at baseline, posttest, and 2-month follow-up. Qualitative feedback was also obtained from the participants.

Results: 35 participants were randomly assigned to the intervention group, and 34 to the control group. With only email reminders, 9 participants in the intervention group and 14 in the control group completed posttest and follow-up surveys. Completers-only analyses were conducted. One-way repeated measures ANOVA showed that the intervention group had significant reductions in post-traumatic maladaptive beliefs, with a large effect size ($F = 4.152$, $p = .035$, Partial Eta Squared = 0.342). The control group did not have such changes. Both groups did not have significant changes in coping and self-stigma. Of 12 participants who provided feedback, 100% agreed that the program could help them remain hopeful for recovery, and 91.6% agreed that they were satisfied with the program. The qualitative feedback also supported the usefulness and acceptability of the programme.

Conclusions: Participation in this program was associated with significant decreases in post-traumatic maladaptive beliefs. Completers were satisfied with the program. Given a small sample with a high dropout rate (66.6%), the results should be interpreted with caution.

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EPV1417

The relationship between complex PTSD and dissociation: A longitudinal study

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Introduction: Complex post-traumatic stress disorder (C-PTSD) is closely associated with dissociative symptoms. Both of which are common responses to trauma and stress. Yet, not all individuals with C-PTSD experience high levels of dissociation. Currently, little is known about the bidirectional relationship between C-PTSD and dissociative symptoms.

Objectives: This study aimed to examine whether C-PTSD and dissociative symptoms would predict each other over time.

Methods: A total of 340 participants ($M_{age}=21.04$ years; $SD=2.00$; 83.8% female) from Hong Kong and Taiwan completed the Multi-scale Dissociation Inventory (MDI) and the International Trauma Questionnaire (ITQ) at two separate time points (M days apart = 129.4 days; $SD = 7.91$). Hierarchical multiple regression analyses were conducted to examine the relationship between C-PTSD and dissociative symptoms.

Results: The analyses controlled for age, gender, education level, trauma exposure, and baseline severity of the dependent variables. Results indicated that when the MDI subscales were added into the model, baseline emotional constriction significantly predicted subsequent C-PTSD symptoms (i.e., total ITQ scores) ($\beta=.126$, $p=.008$), and significantly improved the model's explanatory power ($R^2=.67$, $\Delta R^2=.029$, $\Delta F = 4.772$, $p < .001$). Nevertheless, when the