

Objectives: The aim of the current study was to assess the prevalence of ED and its severity among Tunisian veterans with PTSD versus those without it.

Methods: A cross-sectional descriptive and analytical survey was conducted between September and November 2024 on Tunisian veterans seeking consult, using a data file and 2 self-report questionnaires :

The PTSD Checklist for DSM-5 (PCL-5) to assess current PTSD symptoms with a cut-off score of 33 or higher to detect PTSD cases. The IIEF-5 (International Index of Erectile Function 5) to evaluate ED with six categories: [1-4]: uninterpretable, [5-7]: severe, [8-11]: moderate, [12-16]: mild to moderate, [17-21]: mild and [22-25]: no ED. To analyze the obtained data, IBM SPSS was used.

Results: Forty veterans were enrolled in this study with an average age of 38.5 [24-61] years. The majority (67.5%) were married, followed by 25% single individuals, 5% divorced and 2.5% in a relationship. Most of the participants (77.5%) were smokers and 25% reported alcohol consumption, with 20% of them being regular drinkers and 80% consuming alcohol occasionally. None reported using cannabis or other illicit drugs. Regarding medical history, 32.5% had health issues with the most common being varicocele, diabetes, arterial hypertension and myocardial infarction. Among the veterans, 50% had PTSD. Ninety-five percent had received psychiatric follow-up, and 78.9% were on antidepressants. In the control group with no PTSD (50%), 85% had a psychiatric follow-up, with 76.5% taking antidepressants.

In patients with PTSD, 75% reported ED, while 15% had no SD and 10% had an uninterpretable score. ED was mild to moderate in 46.7%, mild in 33.3% and moderate in 20%. No severe cases of ED were observed in this group.

In contrast, in patients with no PTSD, ED was only reported in 60% of cases and was even severe in 33.3% of patients.

No significant correlation was found between ED and PTSD ($p=0.3$). The prevalence of ED in the overall sample was 67.5% with only 11.1% of them using sexual enhancers.

Conclusions: This study suggests that while PTSD may exacerbate ED in some individuals, other factors such as comorbid psychiatric or medical condition and the use of a variety of medications may play a more significant role in the underlying cause. Given its significant impact on quality of life, early screening and treatment are essential.

Additionally, further research is needed to understand the underlying causes of ED and to develop more targeted interventions.

Disclosure of Interest: None Declared

EPV1411

Comorbid Anxiety, Depression and PTSD in Tunisian Military Veterans

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Introduction: Intrusion, hyperarousal, avoiding triggers and alterations in cognition and mood are the symptoms defining a post-traumatic stress disorder (PTSD).

While PTSD can occur in individuals from all walks of life, its prevalence and severity are higher among military veterans,

exacerbating the impact of other mental health disorders such as anxiety and depression and impairing quality of life.

Objectives: The current study sought to determine the prevalence of comorbid anxiety and depression with PTSD among Tunisian military veterans.

Methods: A cross-sectional descriptive and analytical survey was conducted between September and November 2024, focusing on Tunisian veterans seeking consult, using a data file and 2 self-report scales :

The PTSD Checklist for DSM-5 (PCL-5) to assess current PTSD symptoms with a cut-off score of 33 or higher to detect PTSD cases. The Hospital Anxiety and Depression (HAD) scale, which consists of two subscales: the Anxiety (A) subscale and the Depression (D) subscale. For both subscales, scores are ranging from 0 to 21: [0-7]: normal, [8-10]: borderline case, [11-21]: an abnormal level of anxiety or depression.

To analyze the obtained data, IBM SPSS was used.

Results: The study enrolled 24 veterans diagnosed with PTSD, with the majority being male (87.5%). Mean age of the participants was 34 [23-50] years. Most (58.3%) were married, 33.3% were single, 4.2% were divorced, and 4.2% were in a relationship.

A significant proportion of the surveyed (79.2%) were smokers, while 29.2% reported occasional alcohol consumption. None reported using illicit drugs, such as cannabis.

Regarding medical history, 29.2% had medical health conditions including asthma, diabetes, hypertension, herniated disc, and kidney stones.

In terms of psychiatric care, 95.8% were under regular psychiatric follow-up and 54.2% reported having a support system.

Regarding psychiatric comorbidities, 95.8% (N=23) of participants presented with anxiety symptoms with 4.2% falling into the borderline category. For depression, 66.7% reported depressive symptoms, 25% were classified as borderline cases and 8.3% showed no depressive symptoms.

Median PCL-5 score was 55.5 ± 12.15 . Half of the population (N=12) had a score higher than 55. All of them exhibited depressive symptoms. In contrast, among those with lower scores, only 33.3% had depressive symptoms, 50% had borderline cases and 16.7% had no depressive symptoms.

A significant correlation was found between PCL-5 scores above 55 and the presence of depressive symptoms ($p=0.02$), suggesting a strong association between higher PTSD severity and depression in this sample.

Conclusions: This study reveals a high prevalence of comorbid anxiety and depression among Tunisian Military veterans suffering from PTSD with a significant association between higher PTSD severity and depressive symptoms, highlighting the need for integrated mental health care that addresses both PTSD and its comorbidities.

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EPV1412

Fight or Flight Freeze- A Case Report Paper, PTSD patient

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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.