

fear of the dissolution of the unity and continuity of the self (anguish). When what exists is not a fear, but only a threat, anxiety arises.

Conclusions: Phenomenologically informed psychopathology is relevant for clinicians. Complementing neurosciences, each answers questions that the other cannot.

Disclosure: No significant relationships.

Keywords: phenomenology; generalized anxiety; philosophy; psychiatry

Posttraumatic Stress Disorder

EPV1010

Prevalence of Late Onset Stress Symptomatology (LOSS) in geriatric combat veterans and its relation with dementia: A Pilot Study

R. Barman^{1*} and M. Detweiler²

¹Genesis Medical Center, Behavioral Health, Davenport, United States of America and ²Veterans Affairs Medical Center, Psychiatry, Salem, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1728

Introduction: Late onset stress symptomatology (LOSS) is a relatively new concept in combat veterans, which includes repeated but not intrusive thoughts about combat-related experiences, irritability, or nightmares that do not cause impairment of daily functioning.

Objectives: The objectives of this study were to identify the LOSS phenomenon in geriatric combat veterans and to establish a correlation between LOSS and cognitive deficit $\pm$ major stressors.

Methods: The electronic database was searched for the last 2 years from starting the study with the hypothesis that the LOSS phenomenon has been diagnosed with sleep, anxiety, trauma-related, or impulse control related disorders. Records were examined for trauma-related symptoms, excluding major symptoms of trauma-related stressors. The veterans were assessed objectively using LOSS, PCL-5 (PTSD checklist for DSM-5), social readjustment rating scales, and MOCA (Montreal Cognitive Assessment scale) for cognitive screening.

Results: We reviewed 1329 patient records and identified 35 potential LOSS subjects. Four veterans were diagnosed with PTSD not otherwise specified, 2 with anxiety disorder unspecified, and 1 veteran with nightmare disorder. The majority (85%) of the veterans scored >40 in PCL-5, and only one veteran fulfilled the criteria for LOSS, who scored 67 on the LOSS scale. All the veterans scored ≤ 25 on MOCA with a significant deficit in recent recall.

Conclusions: Our study shows new onset stress-related symptoms are strongly associated with significant cognitive deficits and higher individual stress levels. The onset of PTSD symptoms in older combat veterans might have been correlated with the onset of cognitive deficits, as suggested by several other studies.

Disclosure: No significant relationships.

Keywords: Dementia; Late onset PTSD; LOSS; PTSD

EPV1012

Value of psychological counseling for trainees exposed to the death of a patient in emergency and resuscitation departments

I. Betbout^{1*}, B. Amemou¹, A. Ben Haouala¹, Y. Ben Arbia², I. Khadhrawi², F. Zaafrane¹, A. Mhalla¹ and L. Gaha¹

¹fattouma bourguiba hospital, Psychiatry, Psychiatry Research Laboratory Lr05es10 "vulnerability To Psychoses" Faculty Of Medicine Of Monastir, University Of Monastir, monastir, Tunisia and ²High school of sciences and techniques of the health of Sousse, Psychiatry, sousse, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1729

Introduction: Trainee emergency and resuscitation technicians are not prepared during their academic training to deal with their psychological reactions to the death of a patient, we wanted to describe their feelings and understand the aggravating factors and highlight the need for intervention.

Objectives: Our study aims to describe the psychological reactions of trainees exposed to the death of a patient on the internship grounds and to demonstrate the usefulness of specific psychological counseling

Methods: It is a prospective interventional study carried out with 2nd and 3rd-year students of the emergency and resuscitation section, our collection was done using a self-administered questionnaire with a validated PDI scale before the training, and a satisfaction questionnaire with the same scale after the training.

Results: Our population is young, with an average age of 20.05 years, and is predominantly female, with a sex ratio of 0.12. Eighty-seven percent of the population stated that they were not prepared to deal with their feelings about the death of a patient, and this event harmed the quality of care for 68% of the students. According to the scores of the PDI scale in pre-training 77.33% of the students are at risk of developing PTSD, this percentage decreases to 30.67% according to the same scale in post-training.

Conclusions: it is important to take into consideration the suffering of trainees exposed to traumatic events such as the death of patients and to prepare them psychologically to deal with these situations

Disclosure: No significant relationships.

Keywords: psychological reactions-trainee -death of a patient

EPV1013

Methylenedioxymethamphetamine-assisted Psychotherapy For Posttraumatic Stress Disorder: A Review

J. Sá Couto*, B. Da Luz, J. Rodrigues, M. Pão Trigo and T. Ventura Gil

Centro Hospitalar Universitário do Algarve, Departamento De Psiquiatria E Saúde Mental, Unidade De Faro, Faro, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1730

Introduction: Posttraumatic stress disorder (PTSD) is a psychiatric condition which can be developed following traumatic experience. Treatment guidelines have long considered psychotherapy as a first line treatment. Despite that, PTSD remains an illness with high