

right-sided technique being the most commonly employed. Timing of the initial SGB session varied widely, with symptom improvement typically observed immediately or within the first week post-procedure. Positive outcomes often coincided with reductions in alcohol intake, medication use, and enhanced mood. Recurrence of symptoms was noted, necessitating additional SGB sessions, while reported side effects were predominantly mild and transient in nature.

Conclusions: While promising, caution is advised when interpreting the benefits of SGB due to challenges such as the absence of standardized clinical trial data, variabilities in reported outcomes, and potential reporting biases. Addressing these limitations through standardized assessment and reporting in future studies is crucial to enhance comprehension of SGB's efficacy, safety, tolerability, and appropriate indications for treating PTSD. This endeavor is pivotal in advancing a more nuanced understanding of SGB's role as a therapeutic modality in PTSD management.

Disclosure of Interest: None Declared

EPV1435

Navigating Diagnostic Overlaps: A Case Report of Paranoid Schizophrenia, Borderline Personality Disorder, and Hidden PTSD in a Patient with an Orphanage Background

F. S. Pricope¹

¹Drug Addiction Department, Cluj County Emergency Clinical Hospital, Cluj-Napoca, Romania
doi: 10.1192/j.eurpsy.2025.1963

Introduction: Diagnosing psychiatric disorders in individuals raised in orphanages is challenging due to symptom overlap. Trauma from institutional life can mimic symptoms of both Post-Traumatic Stress Disorder (PTSD) and paranoid schizophrenia (Hermenau et al. *J Trauma Stress* 2011; 24: 513-516). For example, PTSD symptoms like intrusive memories may resemble schizophrenia's delusions when trauma affects threat perception. Additionally, PTSD-related attachment issues can exacerbate paranoia (Patel et al. *J Trauma Dissociation* 2016; 17: 123-136). Accurate diagnosis requires careful assessment of trauma history and symptom differentiation (Robinaugh et al. *Depress Anxiety* 2011; 28: 305-311).

Objectives: Challenges of symptoms overlapping in schizophrenia, borderline personality disorder, and PTSD.

Effects of orphanage background and early trauma on psychiatric symptoms.

Diagnostic methods and evolving treatment plans.

Methods: Patient ZN, a 37-year-old female with paranoid schizophrenia and borderline personality disorder (BPD), has had 11 admissions over six years at our clinic. Despite treatment with DSM-5 criteria, PANSS, and BEST scales, using antipsychotics, mood stabilizers, and benzodiazepines, there was no significant improvement. This year, her hospitalizations increased, particularly after developing a strong attachment and maternal feelings toward a doctor who treated her three times consecutively. PTSD, relevant due to her orphanage background and initially unassessed, was later identified through screening. Data were recorded through clinical notes, informed consent was obtained, and the case study's single-case design limits generalizability.

Results:

Conclusions: In conclusion, diagnosing PTSD, paranoid schizophrenia and BPD in orphanage-raised adults is challenging due to trauma, overlapping symptoms, and disrupted attachment. This case highlights the complexities of diagnosis and treatment, emphasizing the need for a comprehensive and adaptable approach.

Disclosure of Interest: None Declared

EPV1436

Diagnosis and treatment of post-traumatic stress disorder (PTSD) through the analysis of two clinical cases

M. E. Sánchez-Escalonilla¹, A. Muñoz San Jose^{1*}, P. Aguirre¹, M. Viana¹, C. Herranz¹, I. Diéguez¹, Á. Esquembre¹ and M. F. Bravo¹

¹Hospital Universitario La Paz, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1964

Introduction: Ongoing global conflicts have significant implications for the mental health of affected populations, with PTSD being one of the most prevalent disorders among those exposed to active violence.

Objectives: To understand the importance of PTSD diagnosis and treatment in individuals exposed to active violence through the review of two clinical cases.

Methods: A clinical evaluation, diagnosis, treatment and follow-up of two patients (A and B) during their admission to our hospital and a literature review of diagnosis and treatment of PTSD.

Results: We studied two patients from Armenia, a country currently engaged in armed conflict, who sustained injuries from a bomb explosion. Patient A had burns covering 18% of Total Body Surface Area (TBSA) and three fingers amputated, while B had burns in 50% of TBSA. Both were admitted to the Intensive Care Unit, where psychiatric evaluations were conducted, and then they were transferred to the plastic surgery unit for further care until discharge. During the first week of admission, symptoms such as flashbacks, nightmares, emotional numbness, feelings of fear, hopelessness, excessive guilt, insomnia, hypervigilance and episodes of depersonalization or derealization began to appear. Patient A exhibited an externalizing profile of symptoms (nocturnal agitation, crying and verbalization of guilt-related ruminations), while B presented an internalizing profile (affective numbness and dissociative episodes). Both cases were diagnosed with PTSD after more than a month of persistent symptoms. Psychopharmacological treatment was initiated after 20 days of hospitalization. Patient A was treated with quetiapine 200 mg/day for nocturnal agitation and sertraline 100 mg/day; while Patient B started sertraline 100mg/day and mirtazapine 15 mg/day. According to literature, first-line pharmacological treatment for PTSD includes SSRIs such as sertraline or fluoxetine. As a second-line we found mirtazapine, antipsychotics and prazosin. Benzodiazepines are not a choice and should be used cautiously (Schrader et al. *MM* 2021; 118 (6), 546-551). First-line treatment for PTSD is trauma-focused therapy and eye movement desensitization and reprocessing (EMDR) (Mann et al. *TI* 2023). In our case, such therapy was not possible to start due to language barriers and the severity of patients'

physical conditions. Notably, current clinical trials are exploring the use of psychedelics in therapy to improve PTSD symptoms (Krediet et al. IJNP 2020; 23 (6), 385-400).

Conclusions: PTSD is a relatively common mental disorder, affecting up to 11% of war victims. Early detection of symptoms is crucial to start an appropriate psychotherapeutic treatment. Although psychopharmacological interventions are recommended as a second-line treatment, they may sometimes be the only feasible option, as demonstrated in these two clinical cases.

Disclosure of Interest: None Declared

EPV1437

Evaluation of the post-traumatic stress disorder in midwives

I. Sellami^{1*}, A. Abbes¹, A. Feki², M. L. Masmoudi¹, M. Hajjaji¹ and K. Jmal Hammami¹

¹Occupationnal medecine and ²Rheumatology, CHU Hedi Chaker, Sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1965

Introduction: In addition to the typical risks associated with healthcare professions, being a midwife carries a significant psychological and emotional burden. This responsibility extends not only to the mother's well-being but also to the newborn's, making the role particularly vulnerable to psychosocial risks, often driven by high-stress situations.

Objectives: To assess the post-traumatic stress disorder (PTSD) experienced by midwives.

Methods: We conducted a cross-sectional study using a self-administered questionnaire distributed to midwives in the Sfax region. The questionnaire consisted of a first part relating to socio-demographic and professional data and a second part relating to the evaluation of the PTSD in midwives using the Impact of Event Scale (IES).

Results: Our population comprised 74 midwives with an average age of 45.6 ± 10.3 years. Only 21.6% reported engaging in regular physical activity. The midwives worked in both public and private health facilities, with a mean of job tenure of 20.3 ± 10.6 years. A stressful event in their professional life was reported by 68.8% of midwives. The PTSD was detected in 30 midwives (40.5% of the midwifery population surveyed), 8 of whom had severe symptoms. The traumatic events reported by the midwives were related to injury to the newborn, injury to the parturient or working conditions.

We found that the factors related to the PTSD were the number of dependent parents, a history of anxiety, depression or hypothyroidism, and working fixed hours. Physical activity was a protective factor against post-traumatic stress. A statistically significant link was found between severe forms of PTSD and taking leave in the last three months. Binary logistic regression confirmed that while physical activity was protective, anxiety, depression, and hypothyroidism were independent risk factors for PTSD.

Conclusions: PTSD is a common issue among midwives. It should be studied and identified early in at-risk populations to prevent lasting consequences.

Disclosure of Interest: None Declared

EPV1441

Investigating the effect of the South African Adolescence Sleep Intervention (SAASI) on adolescent sleep and PTSD: A pilot randomized control study

S. Suliman¹

¹South African Medical Council Unit on the Genomics of Brain Disorders, and Department of Psychiatry, Stellenbosch University, Cape Town, South Africa

doi: 10.1192/j.eurpsy.2025.1966

Introduction: South African adolescents are exposed to significant levels of trauma exposure, resulting in high levels post-traumatic stress disorder (PTSD). Sleep disturbances are among the most frequently reported difficulties faced by those dealing with PTSD.

Objectives: The current study aimed to determine the feasibility and preliminary efficacy of the SAASI on PTSD symptom severity and sleep disturbance when delivered in group format to South African adolescents with PTSD.

Methods: Sixty-one adolescents with PTSD diagnoses and sleep disturbance were randomly assigned to either one individual and four group sessions of the sleep intervention (SAASI) or a control group. At baseline, post- and 1-month follow-up participants completed the Child PTSD symptom scale for DSM5 (CPSS-5) and the Pittsburgh Sleep Quality Index (PSQI) among other sleep and psychiatric measures. The trial was registered on the Pan African Trial Registry (PACTR202208559723690).

Results: There was a significant but similar decrease in PSQI scores in both groups over time indicating no overall intervention effect. Interaction between groups on the CPSS-5 was also not significant. Despite this overall finding, the mean difference in CPSS-SR-5 scores increased over time, with the difference between groups post-treatment and at the 1-month follow-up suggesting that PTSD symptom severity decreased more in the intervention group than the control group. The dropout rate was higher than expected for both the intervention and control groups. Reasons provided for dropout were mostly school commitments or travel related.

Conclusions: Conclusions: Early findings suggest a trend towards dual improvement in sleep quality and PTSD symptom severity in adolescents with a sleep disturbance and PTSD receiving a group sleep intervention (SAASI). Further investigation in a properly powered RCT with detailed retention planning is indicated.

Disclosure of Interest: None Declared

EPV1442

Mental Health interventions on a group of Trafficked females, in Egypt

F. S. A. M. Swilem¹ and F. S. A. M. Swilem^{1*}

¹Child and Adolescent Psychiatry, Cambridge and Peterborough NHS Foundation Trust, Peterborough, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1967

Introduction: Background: The United Nations defines Human Trafficking as "the recruitment, transportation, transfer, harbouring, or receipt of people through force, fraud or deception, with the aim of exploiting them for profit," and says it is practiced everywhere in the world. Studies show that women who have been