

same analysis was conducted, none of the six C-PTSD symptom clusters at baseline predicted the total MDI scores at follow-up ($\Delta F = 1.000$, $p = .425$).

Conclusions: The study findings suggested that dissociative symptoms in general, and emotional constriction in particular, predicted subsequent levels of C-PTSD symptoms, while C-PTSD symptoms did not predict subsequent levels of dissociation. These results highlighted that proactive management of dissociative symptoms might be an important part of the treatment of C-PTSD. This study provided a foundation for future research to investigate the underlying mechanisms by which emotional constriction influences C-PTSD severity. Future research should also evaluate dissociation-focused interventions for people with C-PTSD.

Disclosure of Interest: None Declared

EPV1418

Does prazosin improve sleep disturbances and other trauma-related symptoms?

T. M. Gómez Lezcano^{1*}, C. Fernandez Natal¹, P. Campos Abraham¹, M. M. Gonzalvo Navarro¹, M. B. Sanjose¹, M. V. Sánchez¹ and J. Correias Lauffer¹

¹Psychiatry Department, Hospital Del Henares, Coslada, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1952

Introduction: Post-traumatic stress disorder (PTSD) is characterized by intrusive thoughts and flashbacks involving the traumatic event, hypervigilance and avoidance behavior. On the other hand, complex post-traumatic stress disorder (complex PTSD) can result from experiencing chronic trauma. It involves similar stress responses, such as flashbacks, nightmares, and also avoidance of places and situations related to the traumatic event. Sleep disturbance is a central element of both disorders (PTSD and complex PTSD). While nightmares qualify as a re-experiencing symptom, initiation and maintenance of sleep stem from a hyperarousal state (Paiva et al., 2021). Evidence implies that treatment for PTSD-related sleep disturbance also improves other trauma-related symptoms. As pharmacological therapy, some clinicians use prazosin, an adrenergic inhibitor, which is a lipophilic drug originally developed to treat hypertension. It blocks α_1 receptor sites and ameliorates the increase in noradrenergic activity in PTSD-diagnosed individuals (Lipinska G et al. 2016). Studies differ regarding the effectiveness of this drug to alleviate sleep disorders and other trauma-related symptoms (Bajor et al., 2022; Yücel et al., 2020; Zhang et al., 2020; Petrakis et al. 2016).

Objectives: Through this case series study we want to understand the utility and effectiveness of prazosin in patients diagnosed with PTSD and complex PTSD for the improvement of nightmares and other PTSD-related symptoms.

Methods: For this purpose we have reviewed in 10 patients with a diagnosis of either PTSD (4 out of 11) or complex PTSD (7 out of 11) the improvement of nightmares and other trauma-related symptoms, especially flashbacks. The patients indicated whether there was no, partial or total improvement of these symptoms. The doses used were between 1 to 2mg.

Results: In this Case series study ($n = 11$), we focus on the reports from PTSD - and complex PTSD-diagnosed (4 out of 11 vs 7 out of

11) patients treated with prazosin regarding their sleep disturbance and other trauma-related symptoms.

Forty percent of the patients report a reduction in the frequency and intensity of nightmares, while 3 patients of the sample reported absolute extinction of nightmares.

Our findings reveal almost half of the patients (4 out of 11) expressed as well a reduction in other PTSD symptoms, specifically in flashbacks.

We have not found a significant better outcome in either PTSD or complex PTSD- diagnosed patients. The entire sample were female patients.

Improvements in hypervigilance and avoidance behavior have hardly been reported in enrolled patients (3 out of 11).

Conclusions: In our sample, the use of prazosin appears to be an acceptably good option, especially for the improvement of nightmares. Nevertheless, further studies should be conducted.

Disclosure of Interest: None Declared

EPV1419

Childhood traumatization among elite athletes – preliminary study

N. M. Szeifert^{1,2,3}, B. Sebok^{4,5}, A. Lenart⁶ and X. Gonda^{7*}

¹Department of Sports Medicine, Semmelweis University; ²National Institute of Sports Medicine; ³Eotvos Lorand University, Doctoral School of Psychology; ⁴School of PhD Studies Workgroup for Science Management, Semmelweis University; ⁵Dr. Manninger Jenő Trauma Center; ⁶Department of Psychology and Sport Psychology, Hungarian University of Sports Science and ⁷Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.1953

Introduction: Achieving excellent sport performance is based both on physical strength and mental endurance. Research demonstrated that children experiencing early maltreatment and traumatization are at an increased risk of high-risk behaviours, bullying, and mental and somatic disorders lasting into adulthood affecting academic and sport performance, relations and life management. Research found that individuals with a history of trauma had a significantly lower chance of being diagnosed with depression or anxiety if they had participated in team sports as adolescents. Also later in life, sport is very beneficial to cope with stressful life events.

Objectives: We aimed to explore occurrence of early traumas in elite athletes and a control group using the Childhood Trauma Questionnaire (CTQ) and the Early Trauma Inventory Self Report-Short Form (ETISR-SF).

Methods: The sample included 57 subjects, 50.9% elite athletes and 49.1% leisure time athletes (controls). Participants (64.9% males, 35.1% females) provided demographic data (age 18-58 years, mean age = 31.96 years, SD = 8.920) and completed the ETISR-SF and the Childhood Trauma Questionnaire-Short Form (CTQ-SF). Analysis of Fisher's Exact Test was performed for evaluating the occurrence of early traumatization.

Results: The ETISR-SF and CTQ subscales scales did not show significant difference in any type of traumas in elite athletes compared to the control group (general traumas $p=0.092$, emotional abuse $p=1.000$, physical abuse $p=0.592$, sexual abuse $p=0.297$). Occurrence of each trauma type in the two groups were as follows. Elite athletes: sexual trauma (10.34%), physical trauma (55.17%),