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Post-Traumatic Stress Disorder

EPP186

Acupuncture in trauma-related disorders – the novel treatment approach with acupuncture-based exposition (ABE) method

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Introduction: The evaluation of trauma-related disorders is becoming increasingly significant in psychiatric assessments. According to the DSM-5, these disorders are categorized as Post-Traumatic Stress Disorder (PTSD), Acute Stress Disorder, Adjustment Disorders, Prolonged Grief Disorder, Reactive Attachment Disorder, and other specified trauma- and stressor-related disorders. International guidelines on post-traumatic symptoms report positive outcomes with trauma-focused cognitive-behavioral therapy and EMDR, as well as non-trauma-focused therapies, such as relaxation techniques. Acupuncture and acupressure techniques can be used not only for treating symptoms but also for addressing associated sleep disorders, headaches and affective disorders. These methods are clinically applied to patients with traumatic events, primarily as ear acupuncture using the NADA protocol, along with 'Battlefield Acupuncture,' which has been established among American soldiers. In our clinical work, we use a unique protocol called Acupuncture-Based Exposition (ABE) (Schottdorf & Musil, 2017).
Objectives: The assessment of the effectiveness of the newly developed method of Acupuncture-Based Exposure (ABE).
Methods: The ABE (Acupuncture-Based Exposition) method was developed by Dr. Schottdorf and investigated by Dr. Musil and has already been clinically applied in their practice and clinic to a variety of patients. It has also been invetigated in an initial pilot study focusing on Type I trauma-related disorders, post-embitterment disorder as well as postpartum depression, and pain disorders. During ABE sessions, after a basic acupuncture treatment, patients are guided to visualize images of their traumatic experiences. The resulting physical sensations and emotions are addressed through corresponding acupuncture points until their intensity decreases. Finally, the imagined images are faded out using points on the head. Patients subsequently report a significant reduction in the burden of intrusive memories.
Results: In an initial case series involving 24 patients with trauma-related symptoms, an average reduction in trauma-specific symptoms was observed after just 3.95 sessions, as measured by the Impact of Events Scale-Revised (IES-R), from 55.6 ± 23.0 to 16.2 ± 21.1 (Wilcoxon test: $p < 0.002$). Additionally, a decrease in depressive symptoms was noted, measured by the Beck Depression Inventory, from 38.3 ± 8.0 to 25.6 ± 8.0 (Wilcoxon test: $p < 0.001$) (Schottdorf, 2018). So far, there have been no investigations into the mechanisms of action of ABE beyond clinical experience and initial data from clinical pilot projects.
Conclusions: Particularly, integrating acupuncture as an adjunct to conventional treatments for mental disorders appears to offer promising results. Further clinical research in the field of acupuncture and the ABE method is necessary.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP187

Effect of daridorexant on wakefulness throughout the night: Post-hoc analysis of a randomised, double-blind, active reference (zolpidem) study in patients with insomnia disorder

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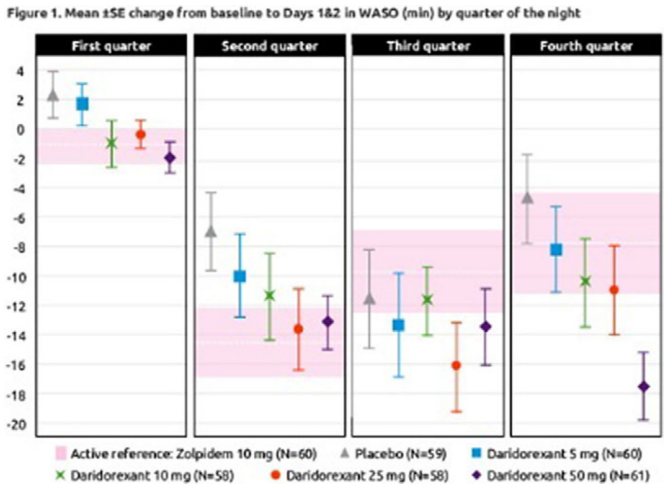
Introduction: Daridorexant, a dual orexin receptor antagonist [DORA] which works by selectively reducing the orexin-induced wake signalling, has been shown to induce a dose-dependent reduction in wake time after sleep onset [WASO] in patients with insomnia disorder (Dauvilliers et al. Ann Neurol 2020; 87 347–356).
Objectives: This exploratory analysis examined the efficacy of daridorexant in reducing the duration of awakenings in each quarter of the night, when compared to placebo and to the GABA-receptor agonist zolpidem, which induces sleep through widespread CNS sedation.
Methods: This was a multi-centre, double-blind trial (NCT02839200), including adult (18–64y) patients with insomnia randomized (1:1:1:1:1:1) to placebo, daridorexant (5, 10, 25, or 50mg), or zolpidem (10mg) for 30 days. Polysomnography [PSG]-determined WASO was evaluated using descriptive statistics by quarter of the night (Q1–Q4) i.e. every 2 hours over 8 hours at Days 1 & 2, 15 & 16, and 28 & 29. Baseline was defined as the mean of the two PSG nights during the run-in period and Days 1&2 as the mean of the first two PSG treatment nights; Days 15&16 and 28&29 were defined similarly.
Results: Dose-dependent decreases in mean change from baseline in Q1–Q4 WASO were observed with daridorexant (5–50mg) at Days 1 & 2 (**Figure 1**). Whereas the approved doses of daridorexant (25mg and 50mg) provided similar response to zolpidem 10mg in the first half of the night, mean reductions from baseline in WASO were numerically greater with daridorexant 50mg versus zolpidem 10mg during the second half of the night – with the difference most pronounced in the fourth quarter (mean WASO change from baseline Q3: –13.49 min versus –9.73 min; Q4: –17.51 min versus –7.81 min). Similar effects were seen at Days 15 & 16, and Days 28 & 29.

Image 1:



Conclusions: In patients with insomnia disorder, daridorexant reduces the duration of awakenings throughout the entire night, including the last two quarters.

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Suicidology and Suicide Prevention

EPP188

Genome-wide DNA methylation in Human Brain and Molecular Pathologies associated with Suicide Among Depressed Patients

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Introduction: Major depressive disorder (MDD) is the single most important risk factor for suicide. Interestingly, even with a high prevalence of suicidality, not all MDD patients develop suicidal thoughts or complete suicide. Thus, it is critical to examine the risk factors that can distinguish suicidality among MDD patients.

Objectives: It has been hypothesized that epigenetic marks, such as DNA methylation, can be influenced by the environment, which may play a critical role in developing depression and suicidal behavior. The present study examined genome-wide DNA methylation in the prefrontal cortex of depressed suicide (DS), depressed non-suicide (DNS), and nonpsychiatric control subjects.

Methods: Genome-wide DNA methylation was examined in the prefrontal cortex of age- and sex-matched depressed suicide, depressed non-suicide, and nonpsychiatric control subjects using 850K Infinium Methylation EPIC BeadChip. The methylation β values were generated based on normalized signal intensities and background subtraction using negative control probes and were derived as the ratio of methylation probe intensity to the overall intensity. The hyper and hypo-methylated sites were also mapped across 22 autosomes using PhenoGram Plot. The significantly differentially methylated gene lists were used to determine the functional enrichment of genes for ontological clustering and pathway analysis.

Results: The chromosome-wise methylation sites and mapping of methylated sites based on the number of CpG content and their relative distribution from specific landmark regions of genes identified 32958 methylation sites 12574 genes in NC vs. all MDD subjects, 30852 methylation sites across 12019 genes in NC vs. DNS, 41648 methylation sites across 13941 genes in NC vs. DS, and 49848 methylation sites across 15015 genes in DNS vs. DS groups. A comparison of methylation sites showed 33129 unique methylation sites and 5451 genes in the DNS group compared to the DS group. Functional analysis suggested Oxytocin, GABA, VGFA, TNFA, and MTOR pathways associated with suicide in the MDD group.

Conclusions: Our data show a discrete pattern of DNA methylation, the genomic distribution of differentially methylated sites, gene enrichment, and pathways in MDD subjects who died by suicide compared to non-suicide MDD subjects and suggest that epigenetic DNA modifications could be used to distinguish suicidality in MDD patients.

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EPP189

Genetic factors in the development of suicidal ideation – results of a GWAS study

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Introduction: Psychiatric disorders are risk factors for suicidality, but it is also considered a multifactorial phenomenon. Genome-wide association studies may provide an insight into the etiological background of distinct phenomena along the suicidal continuum,