

block effect. Most results are derived from studies on riot and prosecution victims. We investigated victims of a natural disaster with respect to the building block effect due to prior traumatization.

Methods We assessed tourists who had been affected by the Indian Ocean Tsunami 2004 using the Post-traumatic Diagnostic Scale, the Hospital Anxiety and Depression Scale, and the Post-traumatic Growth Inventory. Outcome variables were related to the numbers or prior civil trauma according to the trauma history scale of the PDS.

Results We found a building block effect for the development of anxiety ($P=0.018$) and by trend with PTSD symptoms ($P=0.06$), but not with depressive symptoms ($P=0.436$). Prior traumatization and the actual Tsunami exposure significantly explained variance of personal posttraumatic growth ($P=0.013$). Prior interpersonal traumata emerged as a strong risk factor for the development of posttraumatic psychiatric morbidity.

Conclusions We suggest that an increasing number of trauma is closely associated with anxiety but not with depressive disorders in the aftermath of natural disasters. For clinical practice, it is necessary to ask victims of natural disasters about prior traumatization, in particular about prior interpersonal trauma.

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EW403

Glucocorticoid-based therapeutic options for PTSD

S. Ouanes

Valais Hospital, Department of Psychiatry and Psychotherapy, Sion, Switzerland

Introduction PTSD has been associated with HPA axis alterations, mainly consisting of reduced cortisol levels, elevated CRH and enhanced glucocorticoid receptor responsiveness. These findings led to the emergence of glucocorticoid-based therapeutic options for PTSD.

Objective To outline the different glucocorticoid-based interventions for PTSD either for prophylactic or for curative treatment.

Methods A systematic review was performed. The Medline database was searched using the following keywords: 'PTSD', 'treatment', 'Glucocorticoids', 'hydrocortisone'.

Results Glucocorticoid-based therapeutic for PTSD comprise preventive and curative interventions. Preventive interventions mainly consist of administering one single bolus of hydrocortisone shortly following the exposure to a traumatic event. Evidence comes from six published trials, all positive. Curative interventions include: prescribing hydrocortisone over short periods of time to treat PTSD symptoms, using Glucocorticoids to augment psychotherapy (in particular exposure therapy) for PTSD and using Mifepristone, a glucocorticoid receptor antagonist. Moreover, novel glucocorticoid receptor modulators are currently being developed and tested on animal models as a potential curative treatment for PTSD.

Conclusions Use of hydrocortisone in preventing PTSD might be tempting, as is the use of hydrocortisone or Glucocorticoid receptors antagonists/modulators in treating PTSD. Yet, it should be emphasized that these interventions are not mainstream yet. They rather reflect a revolutionary new direction.

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EW404

Risk factors for post-traumatic stress disorder – an epidemiological study

B. Pejuskovic^{1,*}, D. Lecic-Tosevski²

¹ Institute of Mental Health, Department for education, Belgrade, Serbia

² Institute of Mental Health, Director, Belgrade, Serbia

* Corresponding author.

Introduction Exposure to a traumatic event is necessary but not sufficient condition for development of posttraumatic stress disorder (PTSD). This is evident from the fact that many people who experience traumatic stressors do not develop this disorder. PTSD is a multicausal phenomenon and a final end point of the combination of a number of potential causes.

Objectives To examine the different factors as potential risk factors for developing PTSD in general adult population.

Methods The sample consisted of 640 subjects, randomly chosen in five regions of the country. The assessment has been carried out by MINI-5, Life Stressor Checklist-Revised, Brief Symptom Inventory, and Manchester Short Assessment of Quality of Life scale.

Results Older age, low education and lower monthly income can predict current PTSD, as well as decreased quality of life, psychiatric comorbidity and higher personal distress.

Conclusions The risk and resilience factors contribute to the development/protection of developing PTSD, which is important for prevention and treatment of this disorder.

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EW405

Importance of C-PTSD symptoms and suicide attempt

M. Pinheiro^{1,*}, D. Mendes², T. Mendes³, J. Pais², T. Cabral², J.C. Rocha³

¹ Souto, S.M. Feira, Portugal

² CHTS, DPSM, Penafiel, Portugal

³ CESPU, Psicologia, Paredes, Portugal

* Corresponding author.

Introduction Traumatizing experiences have been shown to be important in suicide ideation and attempt. A prolonged and continuous exposure to stressing interpersonal events can have more complex consequences. Therefore, the concept of Complex Post-Traumatic Stress Disorder (C-PTSD) has been emerging.

Objectives Our goal is to relate the symptoms of C-PTSD with suicide attempt and to evaluate the differences between C-PTSD and PTSD on those patients. Moreover, we compared our findings with a control population without prior suicide attempts.

Methods Fifty patients that had been hospitalised in the Psychiatry ward following a suicide attempt were evaluated one week after the event with the ICD-11 Trauma Questionnaire (PTSD and C-PTSD). The same evaluation was performed on a control population without known suicide attempts.

Results There is a statistically significant relationship ($P<0.001$) between the symptoms of C-PTSD and PTSD and suicide attempt, which effect is higher for C-PTSD. These symptoms are almost absent in the control group.

Conclusion C-PTSD seems to be a more relevant risk factor for suicidal attempts. This aspect is important to define preventive and treatment programs and for suicidal attempts follow-up. The importance of traumatic events and of traumatic stress symptoms as moderator factors should be considered in future research.

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