

consulting psychiatric emergencies at UHC Hédi Chaker, Sfax, Tunisia for medical expertise at the request of the court. We studied the PTSD in these women using the Post Traumatic Stress Disorder Checklist Scale (PCLS).

**Results:** The total number of participants was 120 with an average age of 37.27 years. The majority had secondary education or less (62.5%), were professionally active (53.3%), and were financially dependent on their partners (26.7%). As for the women's clinical characteristics, 19.2% were under psychiatric care, 15% had attempted suicide and 10% had a history of childhood abuse. Regarding the couple's profile, marriage was arranged in 58.3% of cases, and the average duration of marriage was 12.34 years, exceeding 10 years in 44.2% of cases.

The impact reported by our women was 100% psychological and 96.7% familial. As a result, 75.8% had sought help from family and friends, and 55.8% had decided to separate from their partners.

According to the PCLS scale, 78.3% of female victims showed PTSD with a positive score > 44. It was associated with a higher number of suicide attempts ( $p=0.04$ ), a marriage duration exceeding 10 years ( $p=0.02$ ), help-seeking ( $p=0.001$ ), and divorce ( $p=0.014$ ).

**Conclusions:** PTSD is a particularly serious psychiatric condition. However, its impact remains insufficiently understood and taken into account in medical, psychological, social, and legal care. Knowing the psycho-traumatic consequences of violence is absolutely essential to better protect, support, and care for victims.

**Disclosure of Interest:** None Declared

## EPV0746

### Secondary Trauma by Internet Content Moderation: a Case Report

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**Introduction:** In recent years, a global debate has emerged regarding the protection of Internet users from exposure to harmful content. Content moderation is defined as the organized practice of filtering user-generated content posted on internet, social networks, and media to determine the appropriateness of the content for a site, locality, or jurisdiction. The growing volume of this content along with the psychological impact of this activity have promoted the application of automated approaches based on artificial intelligence and machine-learning. However, the changing characteristics of content, as well as the cultural differences that influence its appropriateness, mean that human moderation of Internet content currently continues to exist. Psychological effects of this activity such as symptoms of post-traumatic stress disorder (PTSD) could represent an example of secondary trauma.

**Objectives:** Our aim is to describe a clinical case of post-traumatic stress disorder presenting with specific traumatic exposure idiosyncrasy that could lead to a better consequence characterization of a recent social phenomena such as internet content moderation.

**Methods:** We expose the clinical case of a woman with emotional distress who was referred to our outpatient psychiatric unit in

Barcelona in 2022 after five years working as an internet content moderator.

**Results:** We describe the case of a 35-year-old woman without relevant medical, toxicologic or psychiatric record that presents to our out-patient psychiatric clinic with post-traumatic stress disorder after five years of working as an internet content moderator and being exposed to visual traumatic content such as sexual assault and paedophilia. The clinical presentation consisted with one year of recurrent daily panic attacks, intrusive images about the traumatic exposure, intrusive thoughts, insomnia, vivid nightmares, avoidance of exposure to her son, distrust of the environment and intense fear for her son security. The disorder interfered in her capacity to work. The patient received psychological treatment and ISRS (Sertraline) was prescribed, however only partial response was reached with persistence of the majority of symptoms.

**Conclusions:** The presented case suggests a temporal and symptom content relationship between the described work exposure and the appearance of emotional distress in a patient without PTSD history. Although previous evidence of secondary trauma in people exposed to indirect traumatic experiences has been reported, for example in healthcare professionals, the exposure to alien trauma through digital exposure as a work activity is yet to be specifically examined. It is necessary to expand knowledge on the clinical expression of this phenomenon due to the observed recurrence of anxious and depressive symptomatology related to repeated exposure to traumatic content.

**Disclosure of Interest:** None Declared

## EPV0748

### Post-traumatic stress in healthcare workers during the COVID-19 pandemic: a cross-sectional study

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**Introduction:** During the COVID-19 pandemic, healthcare professionals worked under critical care conditions and had to adapt quickly to extreme work situations. They were confronted with several occupational stressors.

**Objectives:** To determine the prevalence and factors associated with post-traumatic stress symptoms among healthcare personnel at Farhat Hached Hospital in Sousse during the COVID-19 pandemic.

**Methods:** This was a descriptive cross-sectional study conducted among care staff at the Farhat Hached University Hospital in Sousse over a 3-month period during the 4th wave of COVID-19. Data were collected using a questionnaire covering socio-professional and medical data. Post-traumatic stress symptoms were assessed using the Impact of Event Scale-Revised (IES-R). Statistical analysis was performed using SPSS.23 software.

**Results:** Our study included 326 health professionals from the CHU Farhat Hached. The mean age of our population was 36.38 ±10.19 years. The sex ratio was 0.23. Most healthcare staff were married (61.3%) and had dependent children (60.4%). Nurses were the most represented at 32.2%, followed by health technicians (22.7%) and medical residents (18.4%). Average job tenure was 10.62±10.69 years, with extremes ranging from 1 to 39 years. The prevalence of post-traumatic stress disorder was 32.5%. Paramedics were more likely to develop post-traumatic stress symptoms (OR=2.3 (IC95%: 1.4-3.8), p=0.001). Leisure activities were protective factors against post-traumatic stress symptoms (OR=0.4 (IC95%: 0.2-0.8), p=0.018). The multivariate analytical study revealed that being a paramedic and having a personal history of COVID19 infection were independently associated with post-traumatic stress symptoms.

**Conclusions:** Our results demonstrated the significant impact of the COVID-19 pandemic on the mental health of healthcare personnel. Lessons learned from this pandemic should help in the development of context-specific strategies to support healthcare workers and promote the protection of their mental health.

**Disclosure of Interest:** None Declared

## EPV0749

### A randomized controlled trial comparing trauma-focused treatment with and without concurrent personality disorder treatment in patients with posttraumatic stress disorder and comorbid borderline personality disorder

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**Introduction:** Posttraumatic stress disorder (PTSD) and borderline personality disorder (BPD) often co-occur. There is growing motivation among clinicians to offer trauma-focused treatments, such as Eye Movement Desensitization and Reprocessing (EMDR), to patients with PTSD and comorbid BPD. However, a large subgroup of these patients does not sufficiently respond to trauma-focused treatment and is more likely to be excluded or dropout from treatment. Dialectical Behaviour Therapy (DBT) for BPD is well established and although there is some evidence that DBT combined with prolonged exposure is twice as effective in reducing PTSD symptoms than DBT alone, the comparative efficacy of trauma-focused treatment with and without concurrent PD treatment has not been investigated yet.

**Objectives:** The current study will therefore evaluate the comparative clinical efficacy of EMDR with and without concurrent DBT in patients with PTSD and comorbid BPD.

**Methods:** Adult patients were randomly assigned to EMDR with ( $n = 63$ ) or without concurrent DBT ( $n = 63$ ). A wide range of clinician-administered and self-report assessments were conducted

before, during and up to six months after treatment. The longitudinal change in PTSD severity as the primary outcome was measured using multilevel mixed regression in SPSS. The present study is part of the overarching Prediction and Outcome Study in comorbid PTSD and Personality Disorders (PROSPER), which consists of a second RCT comparing trauma-focused treatment with and without concurrent PD treatment in patients with PTSD and cluster C PD.

**Results:** Results, available in January 2024, will reveal which treatment works best for this difficult-to-treat group of patients.

**Conclusions:** This is the first study to compare the clinical efficacy of EMDR with and without concurrent DBT in patients with PTSD and comorbid BPD. Results will reveal which treatment works best for this difficult-to-treat group of patients.

**Disclosure of Interest:** None Declared

## EPV0750

### Reactivation of trauma in an inadequately structured person

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**Introduction:** The person is constantly exposed to various types of psychosocial stress, and what will be the course and outcome of the reaction, in addition to other factors, primarily depends on the structure of the person (cognitive, conative, affective and somatic characteristics).

**Objectives:** Presentation of a case of an inadequately structured person (a 29-year-old girl) who experiences an emotional loss, thus reactivating a trauma experienced many years ago (content-like emotional loss). The activation of traumatic memory as a center for generating a complex of pathological symptoms is provoked due to the personal structural inability of a person to legally reorganize, reintegrate and absorb stress.

**Methods:** For a complete psychological exploration of an organization, personality dynamics, symptoms, defenses, motives, goals, values, interpersonal relationships, etc. I have applied: MMPI-202, NEO PI-R, Millon's test, PIE, ZS and Azinger aggression scale.

**Results:** The result is an inadequately structured person of the avoidant type: introverted, vulnerable, disturbingly self-centered, constantly alert to prevent his impulses and affectional compunctions from leading to a repetition of pain and suffering experienced in the past, denying his feelings to maintain interpersonal distance, sensitive, helpless in an aggressive environment, low self-esteem and self-confidence, with weak capacities to overcome stress, etc. Anxiety and depressive symptoms are dominant. Manifest symptomatology is elaborated.

**Conclusions:** In a person with an inadequate structure, there is an increased vulnerability, therefore applying an exploratory approach to people with a stressful condition in daily professional practice is a necessary need in order to more effectively, comprehensively treat the current and previously memorized stressful reactions with an emphasis on the highly personalized response to stress.

**Disclosure of Interest:** None Declared