

multiple intervention sessions, which is appropriate considering the characteristics of PTSD. Most studies examined the secondary effects on mental health such as anxiety, depression, and burnout caused by stress rather than evaluating stress itself. The quality of the study was generally highly biased. The risk of bias increased for the two randomized controlled trials in terms of measurement outcomes and outcome description. The other eight non-randomized studies all included a self-reporting questionnaire of participants, leading to a risk of bias in terms of measurement outcomes.

Image 1:

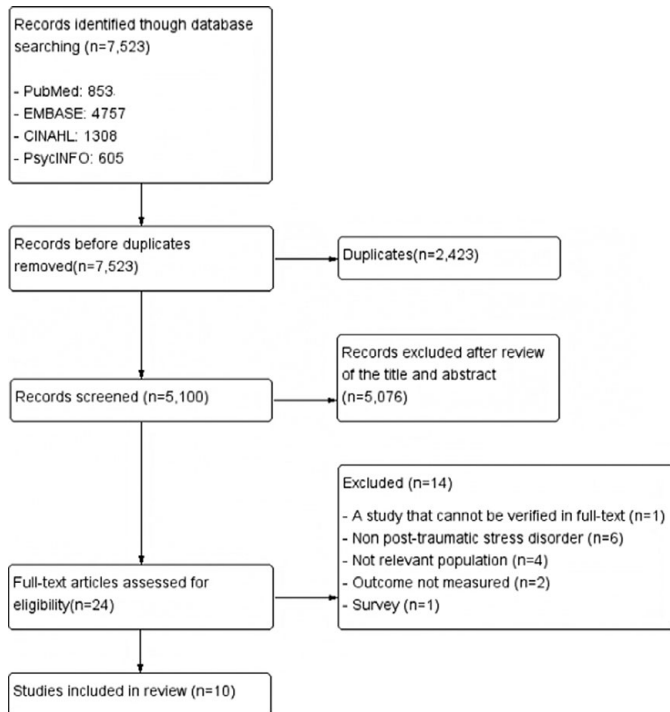


Image 2:

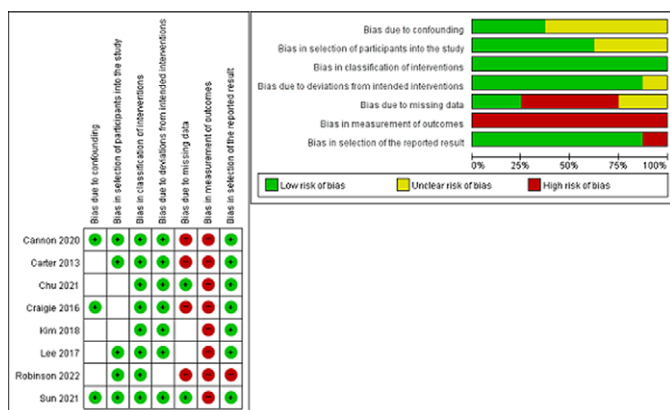


Image 3:



Conclusions: Studies have been conducted to confirm the effectiveness of interventions given heightened concerns about PTSD in nurses. However, the concept of the trauma experienced by nurses was not integrally defined, and information on interventions was often limited. Efforts are required to improve the quality of research in terms of experimental study design.

Disclosure of Interest: None Declared

EPV0775

Post-traumatic stress disorder (PTSD) and associated factors in the population victim of violence in Cordoba, Colombia

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Introduction: The Department of Cordoba is located in the north of Colombia and is a key territory for understanding the political violence that the country has experienced. Cordoba has suffered the armed conflict with various groups present in the area. In the category of victimizing acts, more than 30,000 victims of forced displacement have been reported and 4,621 for forced disappearance.

Objectives: The objective of this study is to evaluate the prevalence of PTSD and associated factors in a population victim of violence in Cordoba, Colombia.

Methods: Design: cross-sectional, using quantitative data. Participants: victims of forced displacement in Cordoba (n=95), of whom 42.75% (n=45) were men and 57.25% (n=50) were women. The mean age of the participants was 40.7 (SD 14.1) Instruments: Clinician-Administered PTSD Scale (CAPS) (Blake et al., 1990) was administered to check clinical symptoms of the Disorder; to assess the causes of symptoms was administered The PTSD Checklist PCL-C is a short version of the PTSD Checklist – Civilian version (Weathers, 1993). Additionally, the BDI was administered to assess depression and STAI to measure anxiety. Data analysis: a Student’s t-test was used to assess the difference by gender and age groups. Descriptive statistics were also used to identify clinical characteristics of the sample.

Results: In relation to the activation factor, it was found that the men in the sample presented significant differences compared to the women [Activation. $F = (1.117) = .79$; $p = 0.00$]. Meanwhile, PTSD was presented equally in both sexes and in all age groups with a prevalence of 26% of the sample. The most prevalent events assumed to cause the disorder were extreme human suffering and natural disaster. Depression levels were moderate in 33.3% of the population and state anxiety showed a level of 77.8% of the sample.

Conclusions: Our study finds that 26% of the population suffered from PTSD and in a significant percentage comorbidities were found with depression, anxiety, added to the vulnerability of those who have experienced these events, that is, revictimization, low access to social services, low schooling and poverty. It is important to consider the multifactorial nature of PTSD and its relationship with the presence of traumatic events (Bados, 2015; Kessler et al., 2014). In Colombia there is a challenge related to the intervention of this population, which constitutes future lines in our research.

Disclosure of Interest: None Declared

EPV0776

Post-traumatic stress disorder and restraint in patients followed at Arrazi Hospital

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Introduction: Post-traumatic stress disorder (PTSD) is characterized by intense, unpleasant, and dysfunctional reactions that appear after an overwhelming traumatic event. A life-threatening or serious injury event can cause lasting and intense suffering.

Hospitalization without consent, the use of isolation techniques, restraint or the obligation to take treatment are situations that can be perceived as traumatic.

Objectives: Our goal is: The search for the existence of psychopathological links and vulnerabilities between the state of post-traumatic stress and physical restraint. Consideration of the traumatic event in the development of appropriate care strategies.

Our goal is: The search for the existence of psycho-pathological links and vulnerabilities between the state of post-traumatic stress and physical restraint. Consideration of the traumatic event in the development of appropriate care strategies.

Methods: To meet this objective, we carried out a descriptive study which identified 200 cases collected in the psychiatric emergency department of the Arrazi Hospital in Salé from 2017 to 2021. An exploitation sheet was drawn up and the study was carried out using Meta-chart and Visuel-chart software.

Results: At the end of this work we found: The average age is 35 years +/- the sex ratio is equal to 1.42. 80% are single while 10% are divorced. Regarding professional activity, 70% are unemployed. 10% of patients have a level of education above the baccalaureate. As for the history, 60% of the cases studied have a personal psycho-addictive history. 34.6% of the cases studied have a medical-surgical history.

The psychiatric pathologies that were found are: 10% suffer from depressive disorder, 80% have psychosis, 10% have attempted suicide.

Conclusions: During an acute episode, patients may be exposed to coercive treatments. Hospitalization without consent, the use of isolation techniques, restraint or the obligation to take treatment are all factors that can be perceived as traumatic. For example, patients recently exposed to a first psychotic episode confirmed the traumatic character of the psychotic episode itself, of the treatment or of both.

Disclosure of Interest: None Declared

EPV0777

Organization of psychological rehabilitation and medical care for patients with mental health issues caused by military operations

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Introduction: On 11 October, 2020, a post-traumatic psychological rehabilitation (PPR) department was formed in the Armed Forces owing to the last Nagorno-Karabakh war on 27 September 2020. Initially, it was located in one of the military training centers, and a day after the end of the war, on November 10, it was moved to the "Mountain Armenia" rest house in Dilijan to ensure the continuous process of rehabilitation of wounded servicemen. In addition to the qualified professional help, the favorable climatic, high-quality social-living conditions were added, which, in terms of treatment, contributes more to the transformation of the psycho-traumatic memory of the combat situation and conditions.

Objectives: The objective was to sort military personnel who suffered as a result of hostilities, psychological, post-stress, mental illnesses that have not yet been diagnosed, inpatient treatment, and psychological support.

The composition of patients treated in the PPR center by category. Compulsory military service, officers and NCOs, contract servicemen, conscripted by mobilization.

All the patients admitted with acute stress reactions or PTSD also had the following conditions:

- Mine debris (after processing),
- Gunshot wound /after treatment/,
- Closed Head Injury,
- Witnessed the death of a comrade-in-arms or close brother or father or childhood friend,
- Provided assistance to a wounded or mutilated corpse,
- They were under siege, in captivity.

Methods: The following therapeutic methods were used in the Center.

Pharmacotherapy

- Antidepressants, tranquilizers, herbal preparations, nootropics, atypical neuroleptics, symptomatic medication.

Group and individual psychotherapy and psychodiagnostics

- CBT/REBT, EMDR, Biofeedback, Art Therapy, Music Therapy, Sport Activity etc.

Results: From 11 October, 2020 to 24 December, 2021, more than 700 military personnel received inpatient treatment in the post-