

among mothers (indirect effects between 0.13–0.28; $p > 0.021$) and daughters (indirect effects between 0.21–0.11; $p > 0.032$). Mothers' OBD was associated with daughters' OBD (effects between 0.19–0.27; $p < 0.016$). Daughters' OBD was serially associated with mothers' trauma exposure through mothers' CPTSD and mothers' OBD, (indirect effect = 0.064; $p = 0.023$). The findings demonstrate that trauma is often implicated in posttraumatic-OBD, which is mediated by C/PTSD, and that these processes may be intergenerationally transmitted.

Conclusions: The findings lay the foundation for the conceptualization of posttraumatic-OBD. The implications of the unified encapsulation of posttraumatic-OBD as an umbrella term reflecting subjective perception of bodily sensations for future research and practice will be presented.

Disclosure of Interest: None Declared

EPP0727

Four Days Exposure And Reprocessing Therapy For PTSD

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Introduction: Post-traumatic stress disorder (PTSD) is a debilitating disorder affecting approximately 6% of the population. Current treatments have been shown to efficaciously reduce symptom burden between 30%–50%. However, due to the high intensity of treatment over a long period of time, drop-out rates are as high as 50%.

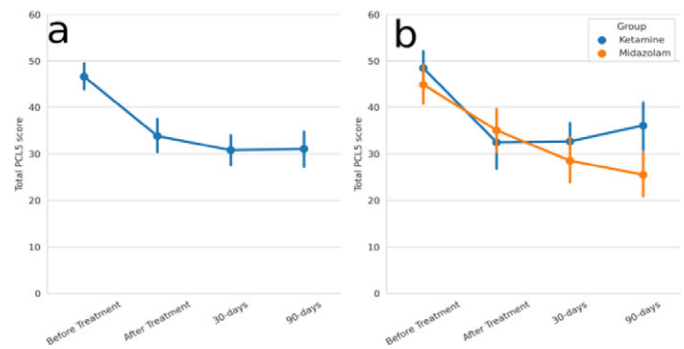
Objectives: Assess the effect of one-time ketamine infusion in subanesthetic dosage on PTSD psychotherapy

Assess feasibility and effect of massed, four days, exposure focused psychotherapy for PTSD

Methods: Here, we tested the efficacy of a four-day exposure and processing-focused psychotherapy at reducing PTSD severity. Twenty-seven participants with chronic PTSD were randomized to two groups, one receiving a one-time infusion of ketamine in a subanesthetic dose (0.5mg/kg for 40 minutes), the other receiving midazolam. Both groups underwent four 90–120 minutes of daily psychotherapy sessions a day after infusion, followed by in-vivo exposure practice. The severity of PTSD was assessed with the PCL-5 before and at the end of treatment, and at 30 and 90 days follow-up. Brain reactivation to the trauma reminders was measured using fMRI

Results: PTSD severity in both treatment groups decreased by 13, 16, and 15 points on the PCL-5 at the end of treatment, 30 days follow-up, and 90 days respectively, surpassing the minimum clinical difference of 7.9 points. There was no significant difference in symptom reductions between the treatment groups. However, brain reactivation to trauma stories differed between the groups, with the ketamine group showing a decline in the amygdala and hippocampus reactivation compared to the midazolam group, at the end of treatment.

Image:



Conclusions: Our results imply comparable efficacy of this short-term intervention to standard trauma-focused psychotherapies, emphasizing its clinical usefulness as a short and effective intervention.

Disclosure of Interest: None Declared

EPP0729

The Functional Significance of a Novel Conceptualization of Intrusion Symptoms of PTSD

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Introduction: Intrusion symptoms are a core defining feature of posttraumatic stress disorder (PTSD). It was recently proposed that intrusions may be comprised of two distinct underlying processes: internally-cued intrusions (e.g., memories), and externally-cued intrusions (e.g., reactions to one's environment). Preliminary empirical evidence demonstrated superior fit of an 8-factor model of PTSD, separating intrusion symptoms into an internally-cued and externally-cued symptom cluster over other factor models of PTSD. However, whether these two clusters are related differently with functional outcomes was not investigated previously.

Objectives: This is the first study to examine the functional correlates of the internally-cued and externally-cued intrusion symptom clusters in PTSD to assess whether separating intrusion symptoms into these two clusters is of clinical and scientific relevance.

Methods: Participants included 7460 veterans discharged from 40 VA PTSD residential treatment programs (RRTPs) across the United States in fiscal years 2018 through 2020. Demographic data was collected using a self-report form during the admission process. Symptoms of PTSD, anxiety, depression, and emotional and physical functioning were assessed with the PTSD Checklist for DSM-5, the Patient Health Questionnaire-9, the Generalized Anxiety Disorder Questionnaire-7, and the corresponding subscales of the Short Form 12-item Health Survey, respectively. Latent network modeling

was used to test the fit of the 8-factor model of PTSD. Structural equation modelling was used to investigate the associations between the factors of PTSD and the functional outcomes. All associations were adjusted for demographic characteristics, and standardized.

Results: The 8-factor model, with separate intrusion factors, showed good model fit (CFI 0.965, RMSEA 0.045, χ^2 2453.022, and $P < .001$). Internally-cued intrusions were negatively associated with physical functioning and positively with emotional functioning. No relationship with depression or anxiety was found. In contrast, externally-cued intrusions were negatively associated with emotional functioning and positively associated with anxiety, but not related to physical functioning and depression.

Conclusions: This study provides initial support for the functional utility of distinguishing between internally- and externally-cued intrusions in veterans with PTSD. Consequently, researchers focusing on the biological underpinnings of intrusion symptoms (e.g., in imaging or genetic studies) should account for differences in the origin of the cue triggering intrusions. Our findings are of potential clinical relevance as they might help patients adapt their coping strategies for intrusions depending on whether they originate internally (e.g., thoughts) or externally (e.g., loud noises).

Disclosure of Interest: None Declared

EPP0730

Post-Traumatic Stress Disorder in Fort McMurray: Prevalence and Correlates One Year After the Flood

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Introduction: As a result of the floods in Fort McMurray (FMM) and the surrounding area in 2020, more than \$228 million in insured damage was sustained, over 1200 structures were damaged, and more than 13,000 people were evacuated from their homes.

Objectives: The aim of the study was to determine the prevalence of post-traumatic stress disorder (PTSD)-like symptoms among the population of FMM one year after the flood in 2020 and the risk predictors associated with such symptoms.

Methods: In order to collect sociodemographic, clinical, and flood-related information from residents of FMM via REDCap, an online quantitative cross-sectional survey was administered between April 24 and June 02, 2021. Respondents were assessed for probable PTSD using the PTSD Checklist for DSM-5 (PCL-C).

Results: An overall response rate of 74.7% was achieved among 186 of 249 respondents. The prevalence of likely post-traumatic stress disorder was 39.6% (65). There was a significantly increased likelihood of developing PTSD symptoms in respondents with a history of depression (OR= 5.71; 95% CI: 1.68 - 19.36). As well, disaster responders experiencing limited and no family support after the disaster were more likely to report PTSD symptoms (OR= 2.87; 95% CI: 1.02 - 8.05) and (OR= 2.87; 95% CI: 1.06 - 7.74), respectively.

Conclusions: As a result of our study, we found that those who had a history of depression and had sought health counseling were significantly more likely to develop PTSD symptoms following flooding, while those with family support were less likely to suffer from PTSD symptoms. There is a need for further studies to investigate the relationship between the need for counseling and the presentation of potential symptoms of post-traumatic stress disorder.

Disclosure of Interest: None Declared

Promotion of Mental Health 02

EPP0731

Mental Health literacy: Perspectives from Northern Kenya Turkana adolescents

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Introduction: Mental illness accounts for high levels of morbidity, mortality, and poor quality of life among young people. Globally, 1 in 7 youth between 10-19 years are mentally ill making up 13% of the global burden of disease; depression, anxiety, conduct disorders, and attention-deficit/hyperactivity disorder lead here. Unaddressed mental illness progresses into adulthood disrupting victims' lives. In Kenya, school going adolescent mental illness is manifested in violent outbursts such as arson attacks, intimate partner violence and riots in school. Not much is documented of non-school going adolescents and children in Kenya even while it is estimated that they number about 1.8 million. To seek help for mental illness, one has to recognize and understand its causes.

Objectives: An ethnographic study exploring rural based Kenyan adolescents' conceptualizations, causes and management options for Depression, Schizophrenia and anxiety among the rural Turkana community of Northern Kenya.

Methods: An ethnographic study exploring rural based Kenyan adolescents' conceptualizations, causes and management options for Depression, Schizophrenia and anxiety among the rural Turkana community of Northern Kenya. We conducted Focus Group Discussions with 32 adolescents between the ages of 13 and 17 divided into four groups; school going girls and non-school going girls and a similar two groups for boys. We first read out scenarios in which the main character exhibited symptoms of one of the three mental health conditions and analyzed the data thematically.

Results: 32 participants described the health conditions without referring to the local names we had collected earlier; Depression (*Akiyalolong*) Schizophrenia (*waarit/ Ngikerep*) Anxiety (*Ngata-meta naaronok*). Participants conceived the three conditions as resulting from extreme sadness attending loss, traumatic event, curses and rarely as mental illness. They assigned curses, guilt, hunger pangs, evil spells as causes and believed friends and age-mates, parents, teachers, the local chief among other options could help and rarely medical intervention.