Disclosure: No significant relationships.
Keywords: Network Analysis; comorbidity; PTSD; Dissociation

O0005

The role of PACAP/PAC1R in PTSD: effects on fear extinction via the ventromedial hypothalamus

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Introduction: The incidence and severity of posttraumatic stress disorder (PTSD) is higher in women than men because of environmental and biological factors. Specific mechanisms in the PACAP-PAC1R (pituitary adenylate cyclase-activating polypeptide and its type I receptor) system may confer PTSD risk in women. Interestingly, while the PACAP (*ADCYAP1*) - PAC1R (*ADCYAP1R1*) system is expressed highly in the hypothalamus, no relationship has been described for this pathway in the hypothalamus with fear processing or in PTSD.
Objectives: We studied whether the estrous/menstrual cycle at the moment of trauma predicts PTSD and the involvement of the PACAP neurons in the amygdala and hypothalamus during traumatic stress.
Methods: Mice: DREADDs, immunohistochemistry and behavior. Humans: fear-potentiated startle and questionnaires.
Results: Here, we show that acute stress immobilization (IMO) produces fear extinction impairments in female mice. Also, IMO elicits *Adcyap1* and *Adcyap1r1* mRNA upregulation in the hypothalamus, PACAP/c-Fos downregulation in the medial amygdala (MeA), and PACAP/FosB/ΔFosB upregulation in the ventromedial hypothalamus dorsomedial part (VMHdm) after fear extinction. We also found that women with the risk genotype of *ADCYAP1R1* rs2267735 SNP show impaired fear extinction. In mice, DREADD-mediated inhibition of the MeA neurons projecting to the VMHdm during IMO rescues both PACAP upregulation in VMHdm and the fear extinction impairment. We ruled out contributions from inherent hormonal states showing that the menstrual or estrous cycle phase at the moment of trauma does not result in a vulnerable phenotype.
Conclusions: Our data suggest that the PACAP-PAC1R hypothalamic system may be a novel candidate to treat and prevent PTSD symptoms including fear dysregulations.

Disclosure: No significant relationships.
Keywords: translational; human; mouse; Stress

O0006

Causal determinants of complex PTSD in Syrian refugee children living in informal settlements in Lebanon

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Introduction: Displaced refugee children with a history of war exposure are at risk of developing complex and severe forms of post-traumatic stress disorder (PTSD).
Objectives: Search for the most relevant causal predictors of complex PTSD in a prospective cohort of Syrian refugee children living in informal settlements in Lebanon (N=1007).
Methods: A latent class unsupervised analysis was carried out to determine clusters with complex PTSD presentation at the follow-up assessment. A new exploratory causal discovering modelling approach was applied using 97 multilevel psychosocial variables as predictors (Biazoli et al., 2021). Associations between discovered candidate causal factors assessed at baseline with a presumed diagnosis of complex PTSD one year later were calculated using a multiple logistic regression model.
Results: Several putative causal factors emerged: perceived social coherence of the neighbourhood (Positive Predictive Value increase: 1.22); impulsivity (1.25), self-efficacy (1.23) and depressive symptoms (1.15) at the parental level; positive home experiences (1.16) at the family level; and child-level factors such as being forced to work (1.22), being a victim of verbal or physical bullying (1.19), loneliness (1.17) and well-being (1.18). In further confirmatory multiple logistic regression analysis and after correction for multiple comparisons, verbal or physical bullying victimization (p=.005) and caregiver depressive symptoms (p=.0004) at baseline were associated with complex PTSD presentations one year later.
Conclusions: Our results support the need for a multi-level psychosocial care model to prevent psychological distress and promote mental health in refugee children. Specifically, our results suggest that programs tackling caregiver's mental health and children's exposure to violence might effectively prevent complex PTSD.

Disclosure: No significant relationships.
Keywords: Social Determinants; causal inference; PTSD

O0007

PTSD symptoms and coping before and during COVID-19 pandemic among help-seeking veterans: prospective cohort study

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Introduction: The COVID-19 pandemic has threatened the mental health of individuals around the world. Ex-combatants have been repeatedly shown to be increased risk of experiencing social and psychological problems during emergencies.
Objectives: To compare the severity of overall posttraumatic stress disorder (PTSD) symptoms and PTSD clusters among help-seeking veterans before and during the COVID-19 pandemic. The second aim was to identify coping strategies used and track possible changes during the timeline.
Methods: Male war veterans receiving outpatient treatment at the Referral Center for PTSD were assessed at baseline (t1=12-18

months before the COVID-19 pandemic), during the first lock-down (March-June 2020) and 12 months after the beginning of the COVID-19 pandemic (March-June 2021). A total of 132 veterans participated in all three measurements. The Life Events Checklist for DSM-5 (LEC-5), PTSD Checklist for DSM-5 (PCL-5), and The Brief COPE were used.

Results: Exposure to COVID-19 pandemic related stressors increased over time. The great majority of participants (91.0%) followed the preventive measures. The severity of the overall PTSD symptoms significantly decreased during timeline (t1 = 56.9, 11.15; t2 = 47.24, SD = 12.87; t3 = 44.1, SD = 14.09). At t2, all participants still fulfilled the PTSD diagnostic criteria, and at t3, 23 participants (17.42%) did not meet all of the criteria for PTSD. The participants used adaptive coping rather than dysfunctional coping during the pandemic.

Conclusions: Despite the expectations of worsening the symptoms, help-seeking veterans with PTSD appeared to develop adaptive adjustment to the COVID-19 pandemic stressors, which is in line with the results of the recent longitudinal research and will be discussed.

Disclosure: No significant relationships.
Keywords: posttraumatic stress disorder; Covid-19; Veterans

O0008

Development of posttraumatic stress disorder symptoms after intensive care - how to prevent it?

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Introduction: Over the last decade, there has been identified that critical illness survivors have high rates of psychiatric disorders such as posttraumatic stress disorder (PTSD). The experience of admission to intensive care units (ICU) and illusory memories may cause short and long-term psychological disorders.

Objectives: To evaluate psychiatric disorders, such as PTSD, after ICU discharge, and determine the prevalence, risk factors, and prevention strategies for PTSD in these patients.

Methods: Non-systematic review through research in PubMed. Addicionally, a case report will be exposed, after the patient was diagnosed with SARS-CoV-2 and stayed in ICU for more than 30 days.

Results: The development of PTSD has been related to the number of adverse memories patients recall from their ICU experience. Some studies have shown that approximately 47% of patients remember real facts and 34% have illusory memories relative to their stays in the ICU. There were identified some risk factor associated to the increased risk of post-ICU PTSD, such as early post-ICU memories or psychotic experiences, pre-ICU psycho-pathology, benzodiazepine sedation during ICU and substantial acute stress symptoms occurring < 1 month after exposure to a traumatic stressor.

Conclusions: High levels of anxiety and the development by patients of PTSD are being recognized as significant problems occurring after a stay in an ICU. The results of this study highlight the need to recognise the risk factors and to establish a early

follow-up after ICU stay. This way is possible to identify patients who are at risk of developing acute PTSD-related symptoms, and early intervention can be instiued.

Disclosure: No significant relationships.
Keywords: delusional memories; intensive care unit; post-traumatic stress

Epidemiology / Child and Adolescent Psychiatry 1

O0009

Metabolic disturbances are associated with psychiatric readmission: results from a Swiss psychiatric cohort

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Introduction: High BMI has been associated with psychiatric rehospitalisation.

Objectives: We aimed to replicate this finding in a large Swiss psychiatric cohort and to examine whether other metabolic disturbances are independently associated with psychiatric readmission.

Methods: Data on 16'727 hospitalizations of 7'786 patients admitted between January 1st, 2007 and December 31st, 2019 at the Department of Psychiatry of the Lausanne University Hospital, were collected. Metabolic syndrome was defined according to International Diabetes Federation definition. Generalized Linear Mixed Models were used to investigate the associations between psychiatric readmission and metabolic syndrome and/or its five components.

Results: The readmitted population (N = 2'935; 37.7% patients) had higher BMI, and were more likely to have central obesity, hypertriglyceridemia, and hypertension. Multivariate analyses confirmed that having a BMI $\geq$ 25 kg.m^{-2} was associated with psychiatric readmission (25 kg.m^{-2} $\leq$ BMI < 30 kg.m^{-2}: OR = 1.88; 95%CI [1.55-2.29]; BMI $\geq$ 30 kg.m^{-2}: OR = 3.5; 95%CI [2.85-4.30]) when compared to patients with 18.5 $\leq$ BMI < 25 kg.m^{-2}. Interestingly, novel factors associated with readmission were identified including metabolic syndrome (OR = 1.57, 95%CI [1.05-2.33]), central obesity (OR = 1.81, 95%CI [1.33-2.46]), hypertriglyceridemia (OR = 1.59; 95%CI [1.38-1.83]), HDL hypocholesterolemia (OR = 1.22; 95%CI [1.06-1.40]) and hyperglycemia (OR = 1.58; 95%CI [1.35-1.85]).

Conclusions: Metabolic syndrome, central obesity, hypertriglyceridemia, HDL hypocholesterolemia, hyperglycemia and obesity were associated with psychiatric readmission. Possible causes will be presented and discussed (e.g. reduced adherence to treatment in patients with metabolic disorders, multiple psychotropic treatments in non-responders increasing the risk of metabolic worsening).

Disclosure: No significant relationships.
Keywords: readmission; psychiatry; metabolic disturbances