

traumatic rehabilitation unit, the vast majority of whom were discharged from the unit with improvement to continue their service.

Conclusions: In the post-war period, the number of suicides and suicidal attempts has noticeably increased in society. None of the military personnel who received treatment through the specialized activities of the PPR Center and returned to further military service committed suicide or attempted suicide over the entire subsequent service.

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EPV0778

THE POTENTIAL USE OF INTRANASAL OXYTOCIN AS EARLY PREVENTIVE INTERVENTION FOR POST-TRAUMATIC STRESS DISORDER

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Introduction: Post-traumatic stress disorder (PTSD) is defined by an exaggerated fear responses (FA) which fails to extinguish over time and cannot be inhibited in safe contexts. Studies report that traumatic experiences (TE) affect hormonal systems mediated by the hypothalamic-pituitary-adrenal (HPA) axis and the oxytocinergic system. Oxytocin (OXT) is a neurohormone produced in the hypothalamus that has social functions like the promotion of prosocial and affiliative behaviors, increased self-confidence and positive social memories. In PTSD there is a diminished inhibitory top-down control over the FA, which is characterized by amygdala hyperactivity, ventromedial prefrontal cortex (vmPFC) hypoactivity and diminished structural and functional connectivity between both areas, which results in anxiety increase and dysregulated autonomic and endocrine FA. In parallel, TE decrease the synthesis and release of OXT, resulting in the dysfunction of the negative feedback mechanism on the HPA, leading to hypercortisolemia and maximizing the response to a stressful stimulus. Previous studies report that the administration of OXT can reduce cortisol levels as well as attenuating amygdala hyperactivity and normalizing the connectivity of this structure with frontal areas, diminishing the FA. Therefore, OXT has been investigated as a potential therapeutic agent administered intranasally early after trauma as a strategy to prevent PTDS on individuals having high risk.

Objectives: The aim of this work is to review the potential of intranasal OXT administration as early preventive intervention for PTSD.

Methods: Systematic review of the literature published in Pubmed, using the terms “Oxytocin”, “Post-traumatic Stress Disorder”, “Stress”.

Results: Studies found significant associations between TE and OXT and report that TE and PTSD are strongly associated with reductions in OXT. Literature report that the acute effects of OXT administrations in individuals with TE tend to be anxiolytic only in less severe forms, by modulating the HPA axis and the autonomic nervous system. Moreover, in recent TE, OXT seems to increase the re-experience of traumas and restore the function of different networks associated with fear control in PTSD patients. FMRI studies indicate that intranasal OXT attenuates amygdala hyperactivity and enhances amygdala’s connectivity with vmPFC, resulting in increased control over the FA. Finally, studies report that a single oxytocin administration increases neuronal fear processing but repeated administration reduces PTSD symptoms up to 6 months post trauma in patients with high acute symptoms.

Conclusions: Repeated administration of intranasal oxytocin early after trauma seems to diminish the acute symptoms in early stages of PTDS, being a potential pharmacological strategy to prevent PTDS in individuals at high risk by increasing the control of FA.

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Experiences of and Interventions for Adult Survivors of Childhood Sexual abuse in South Asia: A systematic review

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Introduction: Adult survivors of childhood sexual abuse (CSA) may experience psychological difficulties in adulthood. Such adverse experiences in the developmental years, sometimes for prolonged periods, could have an impact on their emotional, social and psychological resources. This impact is heightened in CSA adult survivors as the interpersonal nature of harm could reverberate throughout their adult relationships, with complex emotional responses to traumatic stressors. Despite the demonstrated effectiveness of trauma focused treatments in the West, culturally specific understanding of the needs and treatments for such survivors in South Asia is still in its infancy. This is important to address their meaning of presenting complaints in South Asia and offering them treatments suitable for them.

Objectives: In this systematic review, we aimed to synthesize the findings of existing research on the impact of CSA on adult survivors in South Asia and the current approaches used to treat them.

Methods: We searched nine databases and ‘hand searched’ important peer-reviewed journals published in South Asian countries from inception until 3rd April 2022. Searches focused on adult survivors of CSA of South Asian origin residing in South Asia, different treatments offered and the efficacy and acceptability of these treatments.

Results: We identified and screened 2608 records and included 56 articles in our full text screening. Out of those, we included 22 articles in the final review. Studies were from four out of the eight countries in South Asia; India, Sri Lanka, Nepal and Pakistan. Of note, only six of those studies focused exclusively on CSA whereas others included all forms of abuse and neglect. All except one article