

position (especially from the Laws and the Republic) regarding the matter of suicide and the nowadays reasons invoked by the patients requesting assisted suicide.

Methods: Looking at the patients from the United States of America which requested assisted suicide, by analyzing the available annual reports (at the time of writing this abstract, only 6 out of 9 states that have a legal status that permits assisted suicide are publishing annual reports regarding the patients and their assisted suicide requests), we compare them with Plato's attitude towards suicide.

Results: We observe that the most invoked reasons (concerns and underlying illnesses), by the patients which request assisted suicide, are also the cases in which Plato permitted suicide.

Conclusions: This comparison and insight into Plato's philosophy does not resolve any particular issues of the medical praxis but is bringing out the utility of a multidisciplinary, especially philosophical and ethical, approach to the practice of assisted suicide.

Keywords: Plato; philosophy; Assisted Suicide

EPP0931

Mental health and sexual health - two modern definitions and their impact on holistic care

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Introduction: Definitions of health in different branches of medicine are one of the key paradigms in medical sciences. Nowadays, there are two distinct definitions of sexual health and mental health. The definition of sexual health, as well as sexual rights, was proposed by the World Health Organization (WHO, 2006), and the definition of mental health was published in World Psychiatry (Galderisi et al, 2015).

Objectives: The analysis and comparison of these two definitions: mental health and sexual health are two main objectives of this study.

Methods: The analysis was carried out in three areas: logic, philosophical aspects (values) and the impact of other disciplines.

Results: The definition of sexual health reveals a eudaimonistic approach, whereas the definition of mental health is based on a holistic paradigm. Regarding the main principles in the definition of sexual health, one can identify the following values: well-being, pleasure, safety, sexual rights – compared to harmony, empathy, coping skills, universal values in the definition of mental health. Sexual rights are a constitutive part of sexual health. There is no comparative element in the definition of mental health (e.g. the rights of mentally disabled persons).

Conclusions: These two definitions can have different effects on the prophylaxis and therapy of patients. It all depends on the specific context of care (sexology or psychiatry). Sometimes universal values matter and sometimes not. This is contradictory. Consistency is needed between definitions and practices.

Keywords: mental health; sexual health; philosophy of medicine

Posttraumatic stress disorder

EPP0932

On the role of social position on extreme stress appraisal: Implications for post-traumatic stress disorder

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Introduction: Recently, several studies have implicated the social context during a traumatic experience in susceptibility to, and severity of, post-traumatic stress disorder (PTSD). Although the precise mechanisms through which the social context affects the development of PTSD are unknown, it has been suggested that the neuropeptides oxytocin and β -endorphin may play a key role in this dynamic through their effects on both the locus coeruleus and the mesocortical and mesolimbic dopamine systems.

Objectives: This experiment aims to identify in how far a formal social position, endowed by a recognised authority, modulates the stress response in cadets at the Czech military academy during a highly stressful training exercise.

Methods: As part of survival training, 40 cadets partake in a simulation of an avalanche. Although the maximum duration of the experience (being buried under snow) is 15 minutes, most cadets do not last longer than a few minutes with a significant portion requesting termination after a matter of seconds. During the experience, participants are fitted with a heart-rate and heart-rate variability monitor and tested before and after for pain resilience (a common proxy measure for β -endorphin). Participants are randomly allocated to have their individual scores or the average of their collective scores (in small groups of 5) incorporated in their final evaluation of the exercise.

Results: Not all data has been collected yet.

Conclusions: We expect to see a difference in resilience (measured in duration) between the two groups which is mirrored in the aforementioned biomarkers.

Keywords: post-traumatic stress disorder; Social context; beta-endorphin; oxytocin

EPP0933

Narrative exposure therapy for refugees and asylum seekers with PTSD: A review of the literature

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Introduction: Refugees and asylum seekers have often been exposed to multiple or complex traumas and are known to have a high rate of trauma-related disorders. Different therapeutic