

factors, including organisational, cultural and external factors. Addressing under-resourcing and improving investigation quality are paramount to enhancing safety of care for people with intellectual disabilities.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Predictors of the Course of Post-Traumatic Stress Disorder After Physical Injury Over Two Years

Professor Jae-Min Kim*

Chonnam National University Hospital, Gwangju, Republic of Korea
*Presenting author.

doi: 10.1192/bjo.2024.186

Aims. The course of post-traumatic stress disorder (PTSD) is complex and remains an area of active investigation, as analyses aimed at identifying predictors of PTSD outcomes often produce variable and inconsistent results. This particular study delves into the progression and patterns of PTSD over a two-year period, focusing on individuals who are in the recovery phase from severe physical injuries. The research aims to understand the different trajectories that PTSD can take and to identify the factors that may influence these pathways, with the goal of enhancing our understanding and treatment of this challenging and multifaceted condition.

Methods. Patients were recruited from a trauma center at a university hospital in South Korea between June 2015 and January 2021. At baseline, 1142 patients underwent evaluations encompassing trauma and PTSD-related measures, socio-demographic characteristics, pre-trauma characteristics, and peri-trauma assessments. They were subsequently followed up for PTSD using the Clinician-administered PTSD Scale (CAPS) at 3, 6, 12, and 24 months. The analyzed sample consisted of 1014 patients who were followed up at least once after the baseline and 3-month evaluations. Latent class growth analysis was employed to identify distinct trajectory groups, and logistic regression models to ascertain predictors associated with each trajectory.

Results. The study identified five unique trajectories of PTSD progression among the patients: resilient, worsening/recovery, worsening, recovery, and chronic groups. The "worsening/recovery" trajectory, which indicates patients whose symptoms initially worsened but later improved, was predominantly associated with individuals who had experienced previous traumatic events and those who had sustained injuries from traffic accidents. On the other hand, the "worsening" trajectory, where patients' symptoms continuously deteriorated over time, was linked to individuals with higher education levels and elevated depressive symptoms. The "recovery" trajectory, characterized by a gradual improvement in symptoms, was more common in female patients and those with a history of childhood abuse, traffic-related injuries, a dissociative subtype of PTSD, and higher levels of anxiety and depressive symptoms. Lastly, the "chronic" trajectory, where patients experienced persistently severe symptoms, was predicted by the presence of a dissociative subtype of PTSD and heightened anxiety symptoms. These findings illustrate the diverse paths PTSD can take and highlight the importance of various factors in influencing these trajectories.

Conclusion. These findings highlighted the heterogeneity of PTSD symptom development and thus the importance of

considering individual characteristics when assessing and addressing PTSD following severe physical injuries.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Prevalence and Associated Factors of Depressive Disorder After Exposed Prolonged Traumatic Event

Professor Moon-Doo Kim*

Jeju National University Hospital, Jeju, Korea, Republic of

*Presenting author.

doi: 10.1192/bjo.2024.187

Aims. Depressive disorder is one of the most typical psychiatric disorders that occurs after a traumatic event. However, there has been minimal research regarding the prevalence and associated factors of depression after a traumatic event. Therefore, this study aims to investigate the prevalence of depressive symptoms and associated factors in the residents of the Gangjeong village, who have been exposed to a traumatic event recently for a prolonged period.

Methods. The subjects of this study were the residents of the Gangjeong village, who have been exposed to a traumatic event related to the construction of the Jeju Civilian-Military Complex Port. The questionnaires were used to assess the participants' general characteristics (sex, age, marital status, occupation, self-perceived health, etc.); in addition, for the clinical evaluation, overall stress was assessed through the Global Assessment of Recent Stress Scale (GARS), social support through Functional Social Support Questionnaire (FSSQ) and suicide risk through Mini-International Neuropsychiatric Interview-Plus (M.I.N.I.-Plus). In order to evaluate the depressive symptoms, CES-D (Center for Epidemiologic Studies Depression Scale) was used.

Results. In 713 subjects, the prevalence of depressive symptoms was 18.5% (95% CI=15.66–21.36) (Table 1). Multivariate logistic regression analysis identified the length of residence and marital status as factors associated with depressive symptoms (Table 2). Furthermore, the depression group has a significantly higher score of overall stress (GARS), suicide risk and the lack of social support (FSSQ), in comparison with the non-depression group (depression gr. vs non-depression gr. : 28.8 ± 15.0 vs 12.8 ± 10.1 , 4.9 ± 8.0 vs 1.1 ± 3.6 , 44.8 ± 13.2 vs 34.0 ± 13.9 , respectively).

Conclusion. The prevalence of depressive symptoms was higher among the study population compared with the general population. People exposed to the traumatic event, especially after prolonged exposure, should be assessed for environment factors, the status of overall stress, social support and the suicidal risk.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Understanding the Issue of Alcoholism in the British Sikh Punjabi Community. Based on This, How Can the Medical School Curriculum Be Improved So Clinicians Can Better Meet the Needs of the British Sikh Punjabi Community and Diverse Communities in General?

Dr Ankita Kochhar*

Queen Mary University of London, London, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.188

Aims.

- 1) Identify the factors that shape alcohol consumption and accessing support for excessive alcohol consumption in the BSP community.
- 2) Establish the current provision of alcohol-related education in the UK medical school curriculum and analyse if this is suitable to address alcoholism in the BSP community.
- 3) Provide recommendations to be made to the curriculum to help medical students approach the issue of alcoholism in specific communities in a culturally competent manner.

Methods. Two narrative literature reviews were conducted. 37 studies were included. The first search underwent thematic analysis with reference to a Public Health England framework, and the second underwent inductive thematic analysis. Subsequently, the results from both searches were compared to produce appropriate recommendations.

Results. Factors Influencing Alcoholism in the BSP Community

- Experiences of racial discrimination result in psychological distress, and the need to acculturate to decrease this risk.
- Loneliness, mainstream Punjabi music, and a decreased self-reported importance of religion.
- The role of masculinity was emphasized, with both those who abstained and those who drink viewed as masculine.

Alcohol-related Education and Medical School

- Alcohol use has increased among UK medical students.
- The drinking habits of medical students are crucial to their own health, their clinical practice, and indirectly as role models in society for acceptable lifestyle behaviours.
- Approximately 14 hours are dedicated to alcohol and drug-misuse teaching over the 5-year medical school degree.
- Lack of alcohol-related-policies at UK medical schools.
- Doctors' negative attitudes towards patients with AUD were frequently reported.
- Medical students are eager to learn about AUD.

Recommendations for the Medical School Curriculum:

- Development of a comprehensive and supportive alcohol-related policy.
- Pre-clinical teaching: seminars with an individual who has recovered from an AUD.
- Clinical stage teaching: encourage students to write and present cases of patients with AUD.
- Encourage the use of non-judgemental labels.
- Lectures including speakers from voluntary AUD services.
- Encourage Alcoholics Anonymous attendance for students.

Conclusion. Overall, the BSP population fail to access treatment services due to fear of shame and stigma. Medical schools have immense potential to make changes to their alcohol-related education to ensure that future doctors provide holistic care, leading to earlier detection and management of alcohol-use disorders. Recommendations were made with the intention of providing culturally competent services.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Two Years Beyond COVID-19: Unveiling the Persistence of Neuropsychiatric Symptoms and Risk Factors in a Cross-Sectional Study

Dr Poulami Laha^{1*}, Dr Guru S Gowda¹, Dr V Senthil Kumar Reddi¹, Dr Harish T¹ and Dr Sydney Moirangthem¹

¹National Institute of Mental Health and Neurosciences, Bengaluru, India

*Presenting author.

doi: 10.1192/bjo.2024.189

Aims. The neuropsychiatric morbidities associated with post-COVID status are important public health issues. The range and severity of morbidity varies with the type of clinical setting and time of assessment. There are limited studies on the long-term persistence of the post-COVID neuropsychiatric symptoms (PCNS). Hence, this study aims to determine the proportion of persistent PCNS after approximately 2 years of COVID and to find any risk factors for persistent PCNS.

Methods. This study was a cross-sectional study of randomly selected 2,281 individuals aged 18–60 years, currently living in the community, who were RT-PCR positive for COVID-19 from the National Institute of Mental Health and Neurosciences (NIMHANS) laboratory (at least 4 weeks before intake) from a period of 1 June 2020 to 31 March 2022. Among them, 927 individuals who met the study criteria were screened for PCNS through telephone interviews using a validated PCNS screening tool comprising sociodemographic details, life events inventory and 20 questions to assess for PCNS. 196 individuals who came positive for PCNS were further evaluated by in-person or web-based interviews with Structured Clinical Interviews for DSM-5-Research Version and World Health Organization-Post-COVID Case Report Form for persistent PCNS. Descriptive statistics, Chi² test, Mann-Whitney U Test, and Binary logistic regression analysis were used for data analysis. The Institutional Ethics Committee approved this study.

Results. The median age of study participants was 34 years, and 51.3% were female. 68 out of 196 participants (34.7%) had persistent PCNS approximately 2 years (23.84 months) after COVID-19 infection. Chronic fatigue (10.2%), depression (6.1%), cognitive symptoms (4%), hyposmia (3.6%), hypogeusia (3.6%), anxiety (2.5%), panic disorder (2.5%) and insomnia (2%) are the main persistent symptoms. The median age of the participants with persisted PCNS (40 years) is higher compared with the median age of the participants without persisted PCNS (34 years) [Mann-Whitney U = 5,225.0, P = 0.021]. Even though significant associations were found between the development of PCNS after 4 weeks of COVID and female gender, symptomatic COVID-19, severity of COVID-19 (oxygen supplementation), hospital admission, total number of times of COVID-19, and presence of life events, this association were not found with persistence of PCNS at 2 years.

Conclusion. This study revealed that one-third of the individuals with PCNS had persistent symptoms after 2 years. Chronic fatigue is the most common persistent PCNS. Middle-aged and above age groups were found to be a risk factor for persistent PCNS.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.