

EW0737

Impact of emotional and cognitive saliency on visual search in post-traumatic stress disorder

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Introduction Patients with post-traumatic stress disorder (PTSD) have shown disturbances in visual information treatment. However, most of studies demonstrated attentional bias towards emotional stimuli by using non-ecological paradigm. The paradigm of change blindness offers the possibility of studying sensitivity to the sudden irruption of visual information with ecological stimuli. **Objectives/Aims** To compare the explicit detection with the implicit detection by using respectively motor response and eye tracking in patients with PTSD and controls.

Methods Fifteen patients with PTSD and fifteen healthy controls had to detect changes in 96 scenes with (1) no change, (2) one neutral change or (3) one emotional pleasant or unpleasant change. We measured the participant's speed and accuracy in explicitly reporting the changes via motor responses, and their capacity to implicitly detect changes via eye movements.

Results The patients showed a trend towards slower explicit detection for the emotional change ($P=0.06$) and more specifically for unpleasant change ($P=0.054$). The two groups did not differ for implicit detection.

Conclusion Patients tend to explicitly detect more slowly emotional change (but not neutral), especially for unpleasant change. This could be the result of a lack of access to consciousness of the emotional information. The emotional visual information treatment in PTSD could require more attentional processes than the non-emotional visual information and then lead to a decrease of the available attentional resources for the explicit task.

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Comparison of ten-years risk of fatal cardiovascular events calculated by heartscore in diabetic patients with and without post-traumatic stress disorder (PTSD) comorbidity

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Introduction Cardiovascular diseases (CVD) are the leading cause of death and disability-adjusted life years lost globally. Recent studies have shown that post-traumatic stress disorder (PTSD) predicts higher risk of cardiometabolic diseases, specifically cardiovascular disease and diabetes type 2.

Aims To assess cardiovascular event risk differences between diabetic patients with and without PTSD comorbidity.

Objectives To explore a ten-year risk of fatal CVD events in diabetic patients with and without PTSD; to gain better insight in potential different functioning patterns in these patient subgroups.

Methods We investigated a cross-sectional sample consisting of 390 psychiatric inpatients and outpatients. Ten-years risk of fatal CVD events calculated by HeartScore, European society of cardiology. Europe high-risk version was used. The risk estimation is made based on: gender, age, smoking, systolic blood pressure and total cholesterol.

Results By analysis of covariance, we controlled possible confounding effects of gender, age, education, marital status, number of household members, work status, average monthly income per household member, body mass index (kg/m^2), number of somatic comorbidities, number of psychiatric comorbidities, duration of PTSD, clinical global impression scale-severity of PTSD at diagnosis. After the adjustment for all these variables, interaction of PTSD and T2DM was significantly associated with CVD risk ($P<0.001$; $\text{Eta}^2=0.04$).

Conclusion A significant fatal CVD event risk differences between diabetic patients with and without PTSD comorbidity were found. Better awareness of possible underlying determinants provides better optimal individual approach planning, likewise effective prevention and control of cardiovascular diseases.

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EW0739

Benefits of EMDR therapy on the memory in the treatment of PTSD

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According to some studies, 80% of subjects suffering from post-traumatic stress disorder (PTSD) present twice the risk of developing an insanity as they age because of the high level of stress that has been induced. Indeed, the triggered trauma has a deleterious effect on the establishment of the stress' axis (the hypothalamic pituitary adrenal axis) which is then not able to regulate itself. As a consequence, the hippocampal neurons will be attacked by an excess of cortisol. Memory's dysfunction is central in the symptomatology of PTSD, particularly in respect to encoding and recall. The hippocampus is able to transfer information to the prefrontal cortex. Actually, subjects with PTSD present less activity in the prefrontal cortex triggered by a decrease of encoding and recall capacities. EMDR therapy (eye movement desensitization and recruitment) allow for a fast relief of symptoms by a bilateral alternate stimulation (SBA). Indeed, saccadic eye movements stem affect related to the traumatic event and process the associated cognitions. During the desensitization phase in EMDR, we noticed an increase in activity of the brain's prefrontal, ventromedial, amygdala and thalamic regions. Indeed, the recall of traumatic memories goes through implicit emotional valence regions and associative areas for which the experience is already deeply integrated. After comparing cerebral activity before and after the therapy, researches on EMDR shows that a reduction of stress' symptoms has some sensitive link to PTSD (in prevention to dementia).

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EW0740

Embitterment in war veterans with posttraumatic stress disorder (PTSD)

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The aim of this study was to analyse frequency of embitterment in war veterans with Posttraumatic stress disorder (PTSD) as well as the potential impact of embitterment on the development of chronic PTSD.

Patients and methods It was analyzed 174 subjects (from Health Center Zivinice/mental health center) through a survey conducted in the period from March 2015 to June 2016, of which 87 war veterans with PTSD and control subjects 87 war veterans without PTSD. The primary outcome measure was the post-traumatic embitterment disorder self-rating scale (PTED Scale) who contains 19 items designed to assess features of embitterment reactions to negative life events. Secondary efficacy measures included the clinician-administered PTSD scale–V (CAPS), the PTSD checklist (PCL), the combat exposure scale (CES), the Hamilton depression rating scale (HAM-D), the Hamilton anxiety rating scale (HAM-A) and the World health organization quality of life scale (WHOQOL-Bref). All subjects were male. The average age of patients in the group war veterans with PTSD was 52.78 ± 5.99. In the control group, average age was 51.42 ± 5.98. Statistical data were analyzed in SPSS statistical program.

Results Comparing the results, *t*-tests revealed significant difference between group veterans with PTSD and control group ($t = -21.21$, $P < 0.0001$). War veterans group with PTSD ($X = 51.41$, $SD = 8.91$), control group ($X = 14.39$, $SD = 13.61$).

Conclusion Embitterment is frequent in war veterans with PTSD.

Keywords Embitterment; Posttraumatic embitterment disorder; Posttraumatic stress disorder; War veterans; Bitterness

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EW0741

The role of personal value preferences in predicting army stress

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Background The military is a stressful environment, and many service persons experience army stress. Therefore, it is important to understand the factors affecting army stress and stress resiliency.

Objective The present study examines the connections between personal value preferences and army stress, applying the value congruency paradigm.

Method Male soldiers serving in three combat units in the Israeli Defense Forces participated in the study ($n = 257$).

Results The results obtained demonstrated that personal value preferences explained a significant proportion of the variance in army stress beyond the socio-demographic variables. A lower stress level was associated with a higher preference for the values of societal security, conformity, achievement, and universalism, and with a lower preference for the face and personal security values.

Conclusions The research promotes our understanding of the relationships between general motivational goals expressed in personal value preferences and stress in the military context. In addition, the results obtained indicate the possible relevance of using values for selecting and preparing recruits who will most likely adjust well to the army framework. Finally, some value-oriented interventions that may be used for promoting the soldiers' psychological adjustment during their army service are suggested.

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EW0742

Is auto-noetic recollection of threat in PTSD related to impaired inhibitory skills?

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Introduction Intrusive traumatic reminiscences are among the most distressing and salient characteristics of post-traumatic stress disorder (PTSD). Associated with involuntary onsets, emotional disturbances and consciousness-related impairments, such symptoms suggest that memory functioning could be impaired in PTSD. While there is a growing body of research on experimental assessments of memory in patients with PTSD, inconsistent results remain.

Objective Using an experimental methodology, this study aims to measure memory in PTSD in consideration of central features of intrusive symptoms, especially emotional, inhibitory and consciousness-related memory impairments.

Method 34 patients diagnosed with PTSD were compared with 37 non-PTSD controls on an item-cued directed forgetting paradigm for emotional words combined with a remember/know recognition procedure.

Results Results confirmed prior findings of an increased and peculiarly conscious recognition of trauma-related words in PTSD. Interestingly, our results showed that, despite general memory inhibitory deficits, PTSD patients, if requested, presented a preserved ability to inhibit this improved recollection of trauma-related words.

Conclusion While our findings highlight a biased memory functioning in favour of threatening stimuli in PTSD, inhibitory deficits for such information was not reported to play a role on this effect. Conversely, it seems that instead of inhibitory deficits, patients presented a preferential treatment of threat concordant with vigilant-avoidant models of information processing. Focusing on memory impairment in treatment for PTSD appears of prime importance. Our findings regarding preserved inhibitory skills for threat memories in the disorder could be an interesting clue for therapeutic interventions on intrusive symptoms.

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EW0743

A case series: Efficacy of short term EMDR on patients with persistent complex bereavement disorder (PCBD)

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Grief is a normal response to loss of someone to whom a bond was formed; however, prolonged grief is considered pathological. Persistent complex bereavement disorder (PCBD) is defined as a persistent longing for the deceased over 12 months. Several treatment ways have been used for traumatic loss including eye