

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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**Disclosure of Interest:** None Declared

## 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.

**Disclosure of Interest:** None Declared

## EPV0779

### 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

explored experiences of survivors. Only one article focused on their recovery process, within and/or outside of professional treatment with no published research on treatments for them in South Asia. Physical abuse and emotional abuse or neglect were more often reported in our included studies as compared to sexual abuse.

**Conclusions:** Our review suggests that even though the needs of adult CSA survivors in South Asia have been partly identified, there is very little research into the treatment of CSA adult survivors in this region. Perpetrators often come from their immediate or extended families, leading to their distrust of the familial and legal systems. Even when not diagnosed with a severe mental health condition, there are potentially serious implications for victims' adult relationships and social functioning. There is a current lack of research and therefore, lack of evidence-based treatment for adult survivors of CSA in South Asia.

**Disclosure of Interest:** None Declared

## Precision Psychiatry

### EPV0781

#### Weight gain and metabolic disorders induced by psychotropic drugs: an appraisal of risk factors

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**Introduction:** Weight gain and obesity are important health problems associated with psychiatric disorders and/or with psychotropic drug treatments. There is a high inter-individual variability in the susceptibility to drug induced weight gain and/or other cardiometabolic disorders.

**Objectives:** To study the genetic, clinical and environmental risk factors for weight gain and onset of metabolic syndrome during psychotropic treatment.

**Methods:** Analysis in PsyMetab, a large (n>3000) ongoing longitudinal prospective cohort study investigating cardiometabolic disorders in psychiatric patients.

**Results:** Aside from well-known clinical risk factors for metabolic worsening (e.g. young age, first episode status, rapid weight gain during the first month of treatment and/or low initial BMI), we recently identified additional risk factors, such as the socio-economic status, a low status being associated with increased worsening of cardiometabolic parameters. Results from ongoing studies on the moderate dose dependencies of the metabolic effects of antipsychotics will be shown, as well as the clinical consequences. An epigenome-wide association study (EWAS) performed in 78 patients before and after one month of treatment (Dubath et al., submitted) and a genome-wide association study (GWAS) in 1924 patients (Sjaarda et al. submitted) will also be presented, as well as the use of polygenic risk scores to predict patients at risks for dyslipidemia (Delacretaz-Reymond et al., in preparation)

**Conclusions:** Many factors contribute to the differences in weight gain and metabolic disorders induced by psychotropic drugs. The use of specific algorithms and/or polygenic risk scores can help to identify patients at risks. However, when starting a psychotropic drug at risk, a prospective monitoring of clinical (e.g. weight and

blood pressure) and biochemical (fasting glucose, lipid levels) parameters is essential.

**Disclosure of Interest:** None Declared

### EPV0782

#### CLUSTER ANALYSIS OF ATTENTIONAL PERFORMANCE AND BEHAVIORAL EXPRESSIONS IN ADULTS WITH ADHD SYMPTOMS

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**Introduction:** Attention Deficit Hyperactivity Disorder (ADHD) is characterized by a persistent pattern of inattention, hyperactivity, and impulsivity, which begins in childhood and often persists into adulthood. ADHD has a heterogeneous expression with diversity in behavioral symptoms, cognitive deficits, and comorbidities. So, it is possible to consider it a spectrum with different losses.

**Objectives:** To describe clusters of multiple neuropsychological, attentional, and behavioral measures in adults with symptoms of ADHD. It could help to seek new directions to examine heterogeneity from a dimensional approach to ADHD.

**Methods:** 120 adults between 18 and 52 years old (m= 29.5) with ADHD symptoms participated in this study. Performance indices on computerized neuropsychological tests of attention (voluntary, automatic, temporal, and sustained), behavioral self-report scales for ADHD (ASRS-18), impulsivity (BIS-11) executive dysfunction (BDEFS), and functionality, emotional and behavioral problems (Adult Self-Report - ASR of ASEBA) were analyzed. Cluster analysis processed the data to find subgroups based on the scores of instruments. The NbClust tested the best number of clusters that converge to a solution.

**Results:** The 3 clusters solution was obtained by comparing Z scores for each indicator. In cluster 1, the ADHD symptoms were equivalent but expressed more hyperactivity than in other clusters. Also, higher levels of functional impairments and executive dysfunctions (motivation, emotional regulation, and anxiety/depression) were identified. In the attentional neuropsychological tasks, the indices express a lower level. Cluster 2 expressed a higher level of inattention and attentional, motor, and non-planning impulsivity, and functional impairments in the academic, professional, and legal risk areas. Cluster 3 was the subgroup with the lowest level of symptoms of ADHD.

**Conclusions:** This study identified differences in performances that contribute to understanding the cognitive, behavioral, and emotional expressions of ADHD. Three groups of different prejudices levels should be considered in the development of evaluative models in new studies to consider the spectrum of ADHD.

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