

fear of the dissolution of the unity and continuity of the self (anguish). When what exists is not a fear, but only a threat, anxiety arises.

Conclusions: Phenomenologically informed psychopathology is relevant for clinicians. Complementing neurosciences, each answers questions that the other cannot.

Disclosure: No significant relationships.

Keywords: phenomenology; generalized anxiety; philosophy; psychiatry

Posttraumatic Stress Disorder

EPV1010

Prevalence of Late Onset Stress Symptomatology (LOSS) in geriatric combat veterans and its relation with dementia: A Pilot Study

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Introduction: Late onset stress symptomatology (LOSS) is a relatively new concept in combat veterans, which includes repeated but not intrusive thoughts about combat-related experiences, irritability, or nightmares that do not cause impairment of daily functioning.

Objectives: The objectives of this study were to identify the LOSS phenomenon in geriatric combat veterans and to establish a correlation between LOSS and cognitive deficit \pm major stressors.

Methods: The electronic database was searched for the last 2 years from starting the study with the hypothesis that the LOSS phenomenon has been diagnosed with sleep, anxiety, trauma-related, or impulse control related disorders. Records were examined for trauma-related symptoms, excluding major symptoms of trauma-related stressors. The veterans were assessed objectively using LOSS, PCL-5 (PTSD checklist for DSM-5), social readjustment rating scales, and MOCA (Montreal Cognitive Assessment scale) for cognitive screening.

Results: We reviewed 1329 patient records and identified 35 potential LOSS subjects. Four veterans were diagnosed with PTSD not otherwise specified, 2 with anxiety disorder unspecified, and 1 veteran with nightmare disorder. The majority (85%) of the veterans scored >40 in PCL-5, and only one veteran fulfilled the criteria for LOSS, who scored 67 on the LOSS scale. All the veterans scored ≤ 25 on MOCA with a significant deficit in recent recall.

Conclusions: Our study shows new onset stress-related symptoms are strongly associated with significant cognitive deficits and higher individual stress levels. The onset of PTSD symptoms in older combat veterans might have been correlated with the onset of cognitive deficits, as suggested by several other studies.

Disclosure: No significant relationships.

Keywords: Dementia; Late onset PTSD; LOSS; PTSD

EPV1012

Value of psychological counseling for trainees exposed to the death of a patient in emergency and resuscitation departments

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Introduction: Trainee emergency and resuscitation technicians are not prepared during their academic training to deal with their psychological reactions to the death of a patient, we wanted to describe their feelings and understand the aggravating factors and highlight the need for intervention.

Objectives: Our study aims to describe the psychological reactions of trainees exposed to the death of a patient on the internship grounds and to demonstrate the usefulness of specific psychological counseling

Methods: It is a prospective interventional study carried out with 2nd and 3rd-year students of the emergency and resuscitation section, our collection was done using a self-administered questionnaire with a validated PDI scale before the training, and a satisfaction questionnaire with the same scale after the training.

Results: Our population is young, with an average age of 20.05 years, and is predominantly female, with a sex ratio of 0.12. Eighty-seven percent of the population stated that they were not prepared to deal with their feelings about the death of a patient, and this harmed the quality of care for 68% of the students. According to the scores of the PDI scale in pre-training 77.33% of the students are at risk of developing PTSD, this percentage decreases to 30.67% according to the same scale in post-training.

Conclusions: it is important to take into consideration the suffering of trainees exposed to traumatic events such as the death of patients and to prepare them psychologically to deal with these situations

Disclosure: No significant relationships.

Keywords: psychological reactions-trainee -death of a patient

EPV1013

Methylenedioxymethamphetamine-assisted Psychotherapy For Posttraumatic Stress Disorder: A Review

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Introduction: Posttraumatic stress disorder (PTSD) is a psychiatric condition which can be developed following traumatic experience. Treatment guidelines have long considered psychotherapy as a first line treatment. Despite that, PTSD remains an illness with high

rates of comorbidity. Therefore, exploring novel therapies is of utmost importance.

Objectives: Clarifying methylenedioxymethamphetamine (MDMA)-assisted psychotherapy efficacy in symptom relief in people with PTSD. Explaining clinical MDMA mechanism of action. Assessing safety of MDMA clinical use.

Methods: PubMed database search, with “MDMA for PTSD” keyword expression. 12 Articles published in the last ten years were selected among the 112 best matches. Reference lists of articles were reviewed to identify additional articles.

Results: Mithoefer *et al.* (2010) carried out the first controlled clinical study with MDMA-assisted psychotherapy in people with PTSD. Twenty patients with treatment-resistant PTSD were selected. They were given either placebo or two or three sessions of MDMA. 83% of the experimental group no longer met the criteria for PTSD (mean remission lasted 45 months without further MDMA doses) compared with 25% of the placebo group. Further studies were also suggestive of improvements in treatment-resistant PTSD patients undergoing MDMA-assisted psychotherapy. MDMA may increase exposure therapy effectiveness, allowing patients to stay emotionally involved while revisiting past traumas without being overwhelmed by anxiety and fear.

Conclusions: To date, MDMA-assisted psychotherapy studies demonstrated consistently positive results. However, they have been carried out with small groups of individuals. Therefore, larger trials should be conducted to assess MDMA’s efficacy and safety for it to become a licensed medicine.

Disclosure: No significant relationships.

Keywords: Psychotherapy; posttraumatic stress disorder; METHYLENEDIOXYMETHAMPHETAMINE

EPV1014

MDMA-Assisted Therapy for Treatment-Resistant Posttraumatic Stress Disorder (PTSD) – One step further toward a patient-centered treatment pathway

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Introduction: PTSD is a chronic, debilitating condition with limited treatment efficacy. Accessing traumatic memories often leads to overwhelming distress, impacting treatment process. Current approved pharmacological treatments have exhibited small to moderate effects when compared with placebo. Evidence suggests 3,4-methylene-dioxymethamphetamine(MDMA)-assisted psychotherapy as a viable option for refractory PTSD.

Objectives: Comprehensive review of early clinical research, proposed mechanisms, safety and emerging therapeutic models.

Methods: Eligible studies will be identified through strategic search of MEDLINE.

Results: Pre-clinical and imaging studies suggest memory reconsolidation and fear extinction as candidate psychological and neurological mechanisms, involving MDMA’s combined effects of increasing serotonergic activity, as well the release of oxytocin and brain-derived neurotrophic factor in key memory and emotional

circuits. Resulting reduction in amygdala and insula activation and increasing connectivity between the amygdala and hippocampus may create a “tolerance window” of neuroplasticity for emotional engagement and reprocessing of traumatic memories during psychotherapy. Early clinical trials report impressive and durable reduction in PTSD symptoms, with a safety profile comparable to that of SSRIs. A recently completed randomized, double-blind, placebo-controlled phase 3 trial reported full remission of PTSD symptoms in 67% of patients at 2 months, with no increase in suicidality, cardiovascular events or abuse behavior. Emerging treatment models underline the importance of unmedicated therapeutic sessions for preparation for the experience and subsequent integration as essential for full benefit and safety of the clinical context.

Conclusions: The psychological impact associated with the COVID-19 pandemic is an reminder of the emotional and economic burden associated with PTSD. MDMA-assisted therapy may be a breakthrough approach meriting further multidisciplinary investment and clinical research.

Disclosure: No significant relationships.

Keywords: Psychotherapy; PTSD; MDMA (3,4-methylenedioxymethamphetamine); Trauma

EPV1016

Resilience and its association with post-traumatic stress disorder, anxiety, and depression symptomatology in the aftermath of trauma: a cross-sectional study from Nepal

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Introduction: Resilience is a multidimensional construct. Despite being quoted as protective against mental disorders, it remains largely unexplored in our context.

Objectives: We attempted to explore the role of resilience in the development of various psychiatric symptoms as depression, anxiety and post-traumatic stress disorder following trauma in clinical population in a psychiatry outpatient of a university hospital.

Methods: We interviewed one hundred patients who sought treatment in psychiatry outpatient in a university hospital in Kathmandu, Nepal. We collected sociodemographic and trauma related information using semi-structured interview format. Other instruments used were the World Health Organization Composite International Diagnostic Interview version 2.1 for trauma categorization, the Post-Traumatic Stress Disorder Checklist-Civilian version to measure the post-traumatic stress disorder symptoms, and the 25-item Hopkins Symptom Checklist-25 to assess the level of depression and anxiety symptoms. We used Nepali adapted resilience scale derived from the original Wagnild and Young Resilience scale to measure resilience. We explored the associations between resilience scores and the scores on depression, anxiety and post-traumatic stress disorder using bivariate and multivariate analysis.

Results: Resilience had negative correlations with depression, anxiety, and post-traumatic stress disorder symptoms after adjusting for other variables such as gender, marital status, employment status, socioeconomic status and trauma types which were observed to have significant association in the bivariate analysis.