

Introduction: Posttraumatic stress disorder (PTSD) is common in survivors of acute life-threatening illness, but little is known about the burden of PTSD in survivors of stroke attack.

Objectives: This study estimated the prevalence of PTSD in post-stroke in the elderly and to look for the factors which are correlated with it.

Methods: Participants were outpatients of Psychiatry B department in Hedi chaker University Hospital Center in Tunisia, over the age of 65, hospitalized in psychiatry for a major depressive episode, recruited between 2000 and 2015. The data was collected using a pre-established sheet containing socio-demographic information, the clinical and evolutionary characteristics of the depressive episode and the therapeutic data concerning the depressive episode.

Results: 30 patients were included in this study with an average age (69 Y) and sex ratio (0.66). More than half (53.3%, 16 patients) had a history of chronic somatic disease. The average length of hospitalization was 26 days. The most frequent reason for hospitalization is sadness of mood (43.3%) with cognitive impairment as the predominant clinical symptomatology (40%). 93.3% of the population received as treatment an antidepressant mainly Fluoxetine (50%).

Conclusions: clinicians should be mindful that PTSD can be a devastating mental health condition and should consider screening for PTSD in stroke survivors.

Keywords: PTSD; stroke; Elderly

EPP0947

Tokophobia or post-traumatic stress disorder ? about a tunisian case

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Introduction: Pregnancy and delivery are considered to be an important transition stage in a woman's life. Although this experience is emotionally rich, it varies from one person to another and each woman goes through it in her own way.

Objectives: discuss the psychiatric outcomes after a childbirth with somatic complications.

Methods: case report

Results: Mrs X is a 32 years old woman, she has no particular history of illness until she gave birth to her son. He is now three and a half years old and he is an outpatient at the child and teen psychiatry department in a Tunisian hospital. After her delivery, Mrs X had several physical and psychological complications. She was hospitalized in the cardiology department for cardiomyopathy of Meadows for three weeks among it one week in the medical reanimation ward because she needed respiratory assistance. Furthermore, she suffered of left femoral head's necrosis for which she was operated, and a total hip prosthesis replacement was done. Psychologically, Mrs X. presented a postpartum depression which resolved in its own after 9 months. Ever Since the childbirth, the patient presents symptoms concurring with post-traumatic stress disorder and symptoms that may be linked to a specific phobia (fear of birthchild or tokophobia).

Conclusions: In addition to the usual health care provided to women during pregnancy and after childbirth, looking for mental health disturbances and eventually referring them for psychiatric

assessment is important specially for women who have experienced traumatic events during the pregnancy or the delivery

Conflict of interest: No significant relationships.

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Spousal abuse and psychological repercussions

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Introduction: Spousal abuse (SA) against women, by its frequency and its consequences on the health of the victims, is a public health issue. For this reason, the role of the physician is essential not only in the care of victims but also in the screening of psychological repercussions.

Objectives: To study the risk factors associated with the development of post-traumatic stress disorder (PTSD) in women victims of spousal abuse (SA).

Methods: Descriptive and analytical cross-sectional study conducted at the National Health Fund of Sfax (CNSS) on 110 women who consulted during the months of October and November 2019. The sociodemographic and clinical characteristics of the consultants were collected using a pre established form. We used a 10-item scale, the "Women's Experience with Battering Scale" (WEBS), to screen women for SA. PTSD was assessed using a PCLS scale (17 items).

Results: (SA) was estimated at 57.3% in our population. The average WEBS score among abused women was 30.92. The prevalence of PTSD in abused women was 63.5% and the average PCLS score was 48.8. The somatic ($p=0.049$) and psychiatric ($p=0.005$) histories in the women who had experienced (SA) were related to the development of PTSD. The PCLS score was significantly associated with the WEBS score ($p<.0001$ and $r=.76$). The type of violence experienced (physical, psychological, sexual and material) was correlated with the development of PTSD; (p were respectively: $<.0001$; $<.001$; 0.02 ; $<.0001$). Similarly, repeated violence was strongly related to it ($p<0.001$).

Conclusions: It seems clear that the (SA) experienced by the women had a psychological impact through the development of PTSD. In addition, several other risk factors inherent to women can be incriminated in this disorder for which systematic screening remains a necessity in order to allow an update care.

Conflict of interest: No significant relationships.

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Therapeutic interventions for PTSD – current evidence on the the role of psychedelics.

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