among mothers (indirect effects between 0.13–0.28; $p > 0.021$) and daughters (indirect effects between 0.21–0.11; $p > 0.032$). Mothers' OBD was associated with daughters' OBD (effects between 0.19-0.27; $p < 0.016$). Daughters' OBD was serially associated with mothers' trauma exposure through mothers' CPTSD and mothers' OBD, (indirect effect = 0.064; $p = 0.023$). The findings demonstrate that trauma is often implicated in posttraumatic-OBD, which is mediated by C/PTSD, and that these processes may be intergenerationally transmitted.

Conclusions: The findings lay the foundation for the conceptualization of posttraumatic-OBD. The implications of the unified encapsulation of posttraumatic-OBD as an umbrella term reflecting subjective perception of bodily sensations for future research and practice will be presented.

Disclosure of Interest: None Declared

EPP0727

Four Days Exposure And Reprocessing Therapy For PTSD

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Introduction: Post-traumatic stress disorder (PTSD) is a debilitating disorder affecting approximately 6% of the population. Current treatments have been shown to efficaciously reduce symptom burden between 30%-50%. However, due to the high intensity of treatment over a long period of time. drop-out rates are as high as 50%.

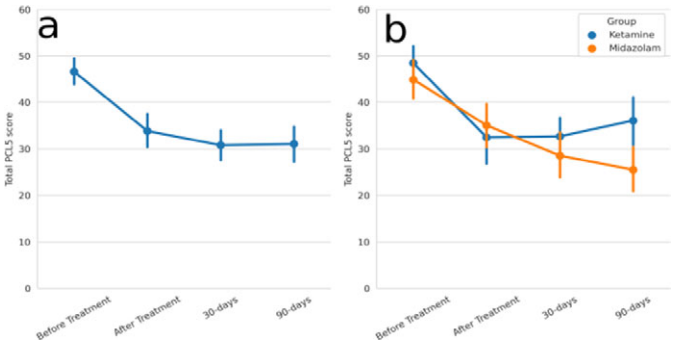
Objectives: Assess the effect of one-time ketamine infusion in subanasthetic dosage on PTSD psychotherapy

Assess feasibility and effect of massed, four days, esposure focused psychotherapy for PTSd

Methods: Here, we tested the efficacy of a four-day exposure and processing-focused psychotherapy at reducing PTSD severity. Twenty-seven participants with chronic PTSD were randomized to two groups, one receiving a one-time infusion of ketamine in a subanesthetic dose (0.5mg/kg for 40 minutes), the other receiving midazolam. Both groups underwent four 90-120 minutes of daily psychotherapy sessions a day after infusion, followed by in-vivo exposure practice. The severity of PTSD was assessed with the PCL-5 before and at the end of treatment, and at 30 and 90 days follow-up. Brain reactivation to the trauma reminders was measured using fMRI

Results: PTSD severity in both treatment groups decreased by 13, 16, and 15 points on the PCL-5 at the end of treatment, 30 days follow-up, and 90 days respectively, surpassing the minimum clinical difference of 7.9 points. There was no significant difference in symptom reductions between the treatment groups. However, brain reactivation to trauma stories differed between the groups, with the ketamine group showing a decline in the amygdala and hippocampus reactivation compared to the midazolam group, at the end of treatment.

Image:



Conclusions: Our results imply comparable efficacy of this short-term intervention to standard trauma-focused psychotherapies, emphasizing its clinical usefulness as a short and effective intervention.

Disclosure of Interest: None Declared

EPP0729

The Functional Significance of a Novel Conceptualization of Intrusion Symptoms of PTSD

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Introduction: Intrusion symptoms are a core defining feature of posttraumatic stress disorder (PTSD). It was recently proposed that intrusions may be comprised of two distinct underlying processes: internally-cued intrusions (e.g., memories), and externally-cued intrusions (e.g., reactions to one's environment). Preliminary empirical evidence demonstrated superior fit of an 8-factor model of PTSD, separating intrusion symptoms into an in internally-cued and externally-cued symptom cluster over other factor models of PTSD. However, whether these two clusters are related differently with functional outcomes was not investigated previously.

Objectives: This is the first study to examine the functional correlates of the internally-cued and externally-cued intrusion symptom clusters in PTSD to assess whether separating intrusion symptoms into these two clusters is of clinical and scientific relevance.

Methods: Participants included 7460 veterans discharged from 40 VA PTSD residential treatment programs (RRTPs) across the United States in fiscal years 2018 through 2020. Demographic data was collected using a self-report form during the admission process. Symptoms of PTSD, anxiety, depression, and emotional and physical functioning were assessed with the PTSD Checklist for DSM-5, the Patient Health Questionnaire-9, the Generalized Anxiety Disorder Questionnaire-7, and the corresponding subscales of the Short Form 12-item Health Survey, respectively. Latent network modeling