months before the COVID-19 pandemic), during the first lockdown (March-June 2020) and 12 months after the beginning of the COVID-19 pandemic (March-June 2021). A total of 132 veterans participated in all three measurements. The Life Events Checklist for DSM-5 (LEC-5), PTSD Checklist for DSM-5 (PCL-5), and The Brief COPE were used.
Results: Exposure to COVID-19 pandemic related stressors increased over time. The great majority of participants (91.0%) followed the preventive measures. The severity of the overall PTSD symptoms significantly decreased during timeline (t1=56.9, 11.15; t2= 47.24, SD=12.87; t3= 44.1, SD=14.09). At t2, all participants still fulfilled the PTSD diagnostic criteria, and at t3, 23 participants (17.42%) did not meet all of the criteria for PTSD. The participants used adaptive coping rather than dysfunctional coping during the pandemic.
Conclusions: Despite the expectations of worsening the symptoms, help-seeking veterans with PTSD appeared to develop adaptive adjustment to the COVID-19 pandemic stressors, which is in line with the results of the recent longitudinal research and will be discussed.

Disclosure: No significant relationships.
Keywords: posttraumatic stress disorder; Covid-19; Veterans

O0008

Development of posttraumatic stress disorder symptoms after intensive care - how to prevent it?

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Introduction: Over the last decade, there has been identified that critical illness survivors have high rates of psychiatric disorders such as posttraumatic stress disorder (PTSD). The experience of admission to intensive care units (ICU) and illusory memories may cause short and long-term psychological disorders.
Objectives: To evaluate psychiatric disorders, such as PTSD, after ICU discharge, and determine the prevalence, risk factors, and prevention strategies for PTSD in these patients.
Methods: Non-systematic review through research in PubMed. Addicionally, a case report will be exposed, after the patient was diagnosed with SARS-CoV-2 and stayed in ICU for more than 30 days.
Results: The development of PTSD has been related to the number of adverse memories patients recall from their ICU experience. Some studies have shown that approximately 47% of patients remember real facts and 34% have illusory memories relative to their stays in the ICU. There were identified some risk factor associated to the increased risk of post-ICU PTSD, such as early post-ICU memories or psychotic experiences, pre-ICU psychopathology, benzodiazepine sedation during ICU and substantial acute stress symptoms occurring < 1 month after exposure to a traumatic stressor.
Conclusions: High levels of anxiety and the development by patients of PTSD are being recognized as significant problems occurring after a stay in an ICU. The results of this study highlight the need to recognise the risk factors and to establish a early follow-up after ICU stay. This way is possible to identify patients who are at risk of developing acute PTSD-related symptoms, and early intervention can be instituted.

Disclosure: No significant relationships.
Keywords: delusional memories; intensive care unit; post-traumatic stress

Epidemiology / Child and Adolescent Psychiatry 1

O0009

Metabolic disturbances are associated with psychiatric readmission: results from a Swiss psychiatric cohort

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Introduction: High BMI has been associated with psychiatric rehospitalisation.
Objectives: We aimed to replicate this finding in a large Swiss psychiatric cohort and to examine whether other metabolic disturbances are independently associated with psychiatric readmission.
Methods: Data on 16'727 hospitalizations of 7'786 patients admitted between January 1st, 2007 and December 31st, 2019 at the Department of Psychiatry of the Lausanne University Hospital, were collected. Metabolic syndrome was defined according to International Diabetes Federation definition. Generalized Linear Mixed Models were used to investigate the associations between psychiatric readmission and metabolic syndrome and/or its five components.
Results: The readmitted population (N=2'935; 37.7% patients) had higher BMI, and were more likely to have central obesity, hypertriglyceridemia, and hypertension. Multivariate analyses confirmed that having a BMI $\geq$ 25 $kg.m^{-2}$ was associated with psychiatric readmission (25 $kg.m^{-2} \leq$ BMI < 30 $kg.m^{-2}$: OR = 1.88; 95%CI [1.55-2.29]; BMI $\geq$ 30 $kg.m^{-2}$: OR = 3.5; 95%CI [2.85-4.30]) when compared to patients with 18.5 $\leq$ BMI < 25 $kg.m^{-2}$. Interestingly, novel factors associated with readmission were identified including metabolic syndrome (OR = 1.57, 95%CI [1.05-2.33]), central obesity (OR = 1.81, 95%CI [1.33-2.46]), hypertriglyceridemia (OR = 1.59; 95%CI [1.38-1.83]), HDL hypocholesterolemia (OR = 1.22; 95%CI [1.06-1.40]) and hyperglycemia (OR = 1.58; 95%CI [1.35-1.85]).
Conclusions: Metabolic syndrome, central obesity, hypertriglyceridemia, HDL hypocholesterolemia, hyperglycemia and obesity were associated with psychiatric readmission. Possible causes will be presented and discussed (e.g. reduced adherence to treatment in patients with metabolic disorders, multiple psychotropic treatments in non-responders increasing the risk of metabolic worsening).

Disclosure: No significant relationships.
Keywords: readmission; psychiatry; metabolic disturbances

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