Methods: We present a case report of a 34-year-old woman with no previous contact with Mental Health Services. She got pregnant unexpectedly in the context of a long stable relationship. At the beginning she was feeling uncertain about carrying on with the pregnancy but finally decided to keep it. She states she felt well throughout the pregnancy. The night after giving birth her baby suffered from a cardiorespiratory arrest, which was noticed by the nursing team but not by the mother. The baby recovered with no medical sequelae but the patient started feeling depressed and presenting anergy, apathy, irritability, flashbacks, and intrusive memories of her sick baby and insomnia, checking every hour during the night that her child was still breathing. Later she developed separation anxiety from her baby, not being able to leave her in the kindergartner nor to leave her alone with other family members (including the father). Guilty feelings were persistantly observed during the therapy sessions.
Results: Psychotherapeutic and pharmacological treatment was started with moderate improvement. Since breastfeeding was a rewarding experience and enforced the mother-daughter bond it was taken in consideration for the therapeutic plan.
Conclusions: The postpartum period is of special vulnerability and early treatment of symptoms in mothers is of great importance. Early diagnosis in maternity services should be a priority.

Disclosure of Interest: None Declared

EPV1416

Online trauma psychoeducation for people with depression and comorbid PTSD symptoms: A pilot randomized controlled trial

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Introduction: Depression is commonly comorbid with post-traumatic stress disorder (PTSD) symptoms. There is a lack of studies evaluating trauma-informed interventions for people with depression and PTSD symptoms.
Objectives: We examined whether an online, easily accessible, trauma psychoeducation program would be helpful for people with both depressive and PTSD symptoms.
Methods: Participants with depression (PHQ-9 ≥ 10) and co-occurring PTSD symptoms were recruited online and randomly assigned to the intervention group (i.e., a 10-session online program based on *Be a Teammate With Yourself*) or the control group. Outcome measures included the Brief-COPE, a subscale of the Endorsed and Anticipated Stigma Inventory, and the Post-traumatic Maladaptive Beliefs Scale. These outcomes were assessed at baseline, posttest, and 2-month follow-up. Qualitative feedback was also obtained from the participants.
Results: 35 participants were randomly assigned to the intervention group, and 34 to the control group. With only email reminders, 9 participants in the intervention group and 14 in the control group completed posttest and follow-up surveys. Completers-only analyses were conducted. One-way repeated measures ANOVA showed that the intervention group had significant reductions in post-traumatic maladaptive beliefs, with a large effect size ($F = 4.152$, $p = .035$, Partial Eta Squared = 0.342). The control group did not have such changes. Both groups did not have significant changes in coping and self-stigma. Of 12 participants who provided feedback, 100% agreed that the program could help them remain hopeful for recovery, and 91.6% agreed that they were satisfied with the program. The qualitative feedback also supported the usefulness and acceptability of the programme.
Conclusions: Participation in this program was associated with significant decreases in post-traumatic maladaptive beliefs. Completers were satisfied with the program. Given a small sample with a high dropout rate (66.6%), the results should be interpreted with caution.

Disclosure of Interest: None Declared

EPV1417

The relationship between complex PTSD and dissociation: A longitudinal study

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Introduction: Complex post-traumatic stress disorder (C-PTSD) is closely associated with dissociative symptoms. Both of which are common responses to trauma and stress. Yet, not all individuals with C-PTSD experience high levels of dissociation. Currently, little is known about the bidirectional relationship between C-PTSD and dissociative symptoms.
Objectives: This study aimed to examine whether C-PTSD and dissociative symptoms would predict each other over time.
Methods: A total of 340 participants (M_{age}=21.04 years; SD=2.00; 83.8% female) from Hong Kong and Taiwan completed the Multiscale Dissociation Inventory (MDI) and the International Trauma Questionnaire (ITQ) at two separate time points (M days apart = 129.4 days; SD = 7.91). Hierarchical multiple regression analyses were conducted to examine the relationship between C-PTSD and dissociative symptoms.
Results: The analyses controlled for age, gender, education level, trauma exposure, and baseline severity of the dependent variables. Results indicated that when the MDI subscales were added into the model, baseline emotional constriction significantly predicted subsequent C-PTSD symptoms (i.e., total ITQ scores) (β=.126, p=.008), and significantly improved the model's explanatory power (R^2=.67, ΔR^2=.029, $\Delta F = 4.772$, $p < .001$). Nevertheless, when the

same analysis was conducted, none of the six C-PTSD symptom clusters at baseline predicted the total MDI scores at follow-up ($\Delta F = 1.000$, $p = .425$).

Conclusions: The study findings suggested that dissociative symptoms in general, and emotional constriction in particular, predicted subsequent levels of C-PTSD symptoms, while C-PTSD symptoms did not predict subsequent levels of dissociation. These results highlighted that proactive management of dissociative symptoms might be an important part of the treatment of C-PTSD. This study provided a foundation for future research to investigate the underlying mechanisms by which emotional constriction influences C-PTSD severity. Future research should also evaluate dissociation-focused interventions for people with C-PTSD.

Disclosure of Interest: None Declared

EPV1418

Does prazosin improve sleep disturbances and other trauma-related symptoms?

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Introduction: Post-traumatic stress disorder (PTSD) is characterized by intrusive thoughts and flashbacks involving the traumatic event, hypervigilance and avoidance behavior. On the other hand, complex post-traumatic stress disorder (complex PTSD) can result from experiencing chronic trauma. It involves similar stress reponses, such as flashbacks, nightmares, and also avoidance of places and situations related to the traumatic event. Sleep disturbance is a central element of both disorders (PTSD and complex PTSD). While nightmares qualify as a re-experiencing symptom, initiation and maintenance of sleep stem from a hyperarousal state (Paiva et al., 2021). Evidence implies that treatment for PTSD-related sleep disturbance also improves other trauma-related symptoms. As pharmacological therapy, some clinicians use prazosin, an adrenergic inhibitor, which is a lipophilic drug originally developed to treat hypertension. It blocks α1 receptor sites and ameliorates the increase in noradrenergic activity in PTSD-diagnosed individuals (Lipinska G et al. 2016). Studies differ regarding the effectiveness of this drug to alleviate sleep disorders and other trauma-related symptoms (Bajor et al., 2022; Yücel et al., 2020; Zhang et al., 2020; Petrakis et al. 2016).

Objectives: Through this case series study we want to understand the utility and effectiveness of prazosin in patients diagnosed with PTSD and complex PTSD for the improvement of nightmares and other PTSD-related symptoms.

Methods: For this purpose we have reviewed in 10 patients with a diagnosis of either PTSD (4 out of 11) or complex PTSD (7 out of 11) the improvement of nightmares and other trauma-related symptoms, especially flashbacks. The patients indicated whether there was no, partial or total improvement of these symptoms. The doses used were between 1 to 2mg.

Results: In this Case series study (n= 11), we focus on the reports from PTSD - and complex PTSD-diagnosed (4 out of 11 vs 7 out of 11) patients treated with prazosin regarding their sleep disturbance and other trauma-related symptoms.

Forty percent of the patients report a reduction in the frequency and intensity of nightmares, while 3 patients of the sample reported absolute extinction of nightmares.

Our findings reveal almost half of the patiens (4 out of 11) expressed as well a reduction in other PTSD symptoms, specifically in flashbacks.

We have not found a significant better outcome in either PTSD or complex PTSD- diagnosed patients. The entire sample were female patients.

Improvements in hypervigilance and avoidance behavior have hardly been reported in enrolled patients (3 out of 11).

Conclusions: In our sample, the use of prazosin appears to be an acceptably good option, especially for the improvement of nightmares. Nevertheless, further studies should be conduced.

Disclosure of Interest: None Declared

EPV1419

Childhood traumatization among elite athletes – preliminary study

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Introduction: Achieving excellent sport performance is based both on physical strength and mental endurance. Research demonstrated that children experiencing early maltreatment and traumatization are at an increased risk of high-risk behaviours, bullying, and mental and somatic disorders lasting into adulthood effecting academic and sport performance, relations and life management. Research found that individuals with a history of trauma had a significantly lower chance of being diagnosed with depression or anxiety if they had participated in team sports as adolescents. Also later in life, sport is very beneficial to cope with stressful life events.

Objectives: We aimed to explore occurrence of early traumas in elite athletes and a control group using the Childhood Trauma Questionnaire (CTQ) and the Early Trauma Inventory Self Report-Short Form (ETISR-SF).

Methods: The sample included 57 subjects, 50.9% elite athletes and 49.1% leisure time athletes (controls). Participants (64.9% males, 35.1% females) provided demographic data (age 18-58 years, mean age = 31.96 years, SD = 8.920) and completed the ETISR-SF and the Childhood Trauma Questionnaire-Short Form (CTQ-SF). Analysis of Fisher's Exact Test was performed for evaluating the occurrence of early traumatization.

Results: The ETISR-SF and CTQ subscales scales did not show significant difference in any type of traumas in elite athletes compared to the control group (general traumas p=0.092, emotional abuse p=1.000, physical abuse p=0.592, sexual abuse p=0.297). Occurrence of each trauma type in the two groups were as follows. Elite athletes: sexual trauma (10.34%), physical trauma (55.17%),