Additionally, the development of dementia in these patients may exacerbate the clinical manifestations associated with PTSD, complicating proper management and treatment.
Objectives: To describe a clinical case of a patient with a history of PTSD presenting with cognitive impairment, and to provide a brief review of the literature.
Methods: Case description and literature review.
Results: A 65-year-old male patient, originally from Colombia, with a documented history of PTSD secondary to kidnapping and armed conflict, presented to psychiatric services in Spain for initial assessment and treatment. The family reports neglect of self-care, persistent hypervigilance, nightmares, and night screams, as well as multiple attentional failures, learning difficulties, and memory impairments. The patient was referred for a neurological consultation where the evaluation included a Mini-Mental State Examination (MMSE) scoring 16/30. Cranial MRI showed no abnormalities, and amyloid PET was negative. An FDG PET scan revealed discrete hypometabolism of the medial prefrontal cortex, which could be indicative of possible frontotemporal dementia.
Conclusions: The prevalence of dementia is rising globally. PTSD has been identified as a modifiable risk factor for developing dementia. Furthermore, studies show that the relationship between these conditions is bidirectional, with late-onset PTSD also potentially developing in patients with a diagnosis of dementia. The mechanisms underlying this relationship are poorly understood. It is hypothesized that both conditions share common pathophysiological pathways. PTSD manifestations in patients with dementia are often difficult to recognize, which is believed to result in an underdiagnosis of the condition. Additionally, these clinical manifestations can be confused with neuropsychiatric symptoms associated with dementia, further complicating diagnosis. The relationship between PTSD and dementia may be modifiable if patients with PTSD are provided with appropriate diagnosis and treatment, thereby improving their quality of life and prognosis.

Disclosure of Interest: None Declared

EPV1433

Aggression, autoaggression and stress in people with a heart attack

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Introduction: A human represents wholeness of biological, psychological and social nature and below impact of psychosocial stress preserves the homeostasis of the organism manifests a complete biopsychosocial response is therefore necessary in professional practice to be taken psychoneuroendocrine immunological approach in treating certain somatic and psychological.
Objectives: Determining emotions, various types of aggression in people who have experienced a heart attack and is currently under the influence of chronic psychosocial stress of moderate intensity.
Methods: The examination was conducted on an outpatient basis on 14 subjects aged 51 to 72. age of male and female who experienced a heart attack. Applied: Azingerova aggression scale, PSQ stress test, Zung anxiety scale, Zung depression scale.
Results: The respondents show a stress reaction at the level of moderate stress (30-60) with dominant feelings of: fatigue, tension, dissatisfaction, overload. Anxious symptoms are at the level of mild to moderate (45-59). Depressive symptoms are at the mild level (50-59). They have higher values on the aggression test. In both sexes (male and female) they have the highest values in self-aggression. Somewhat lower is verbal aggression while emotional aggression has average values. In the female gender, aggression is the lowest through physical force, while the use of aggression through physical force is occasional for men. Both sexes show little aggression towards objects around them.
Conclusions: In people with somatic diseases, in the case of a heart attack, emotions are high an important factor for their stability, especially the negative ones, and therefore it is necessarily needed an integrative approach to treatment, taking into account the mental state as a whole especially when they are in a state of psychosocial stress.

Disclosure of Interest: None Declared

EPV1434

Systematic Assessment of Stellate Ganglion Block in Post-Traumatic Stress Disorder: Exploring Clinical Utilization and Significance

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Introduction: Post-traumatic stress disorder (PTSD) is a chronic condition resulting from exposure to traumatic events. The utilization of stellate ganglion block (SGB) as a potential treatment for PTSD has garnered increased interest in recent years. SGB acts by blocking sympathetic outflow, offering promise in alleviating autonomic dysfunction associated with PTSD symptoms. However, the evidence supporting SGB's efficacy compared to established recommendations remains limited.
Objectives: To bridge this knowledge gap, a systematic review was conducted following PRISMA guidelines to assess the clinical applications and implications of stellate ganglion block (SGB) in the management of post-traumatic stress disorder (PTSD). The study aimed to identify pertinent literature, synthesize findings from diverse sources, evaluate outcomes of SGB therapy for PTSD, analyze factors such as anesthesia preferences and procedural methods, scrutinize symptom alleviation post-SGB sessions, explore reported side effects and symptom recurrence, and shed light on existing limitations within the current discourse on SGB's utility in treating PTSD.
Methods: The systematic review involved the evaluation of 14 studies meeting predetermined inclusion criteria, incorporating a total of 550 participants. Notably, the majority of participants were military service members and veterans, with a median age of 36.9 years. The review focused on anesthetic practices, procedural techniques, timing of SGB administration, and symptom progression post-SGB therapy sessions.
Results: Analysis of the selected studies highlighted the prevalent use of 0.5% ropivacaine as the preferred anesthetic for SGB, with the

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