Post-Traumatic Stress Disorder

EPV1407

Use of Vortioxetine in the Treatment of Major Depressive Disorder and Post-Traumatic Stress Disorder: A Case of Functional Recovery

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Introduction: Vortioxetine is an antidepressant with multimodal action that exerts its numerous effects by modulating neurotransmission in multiple systems, achieving not only antidepressant effects but also procognitive ones, along with an appropriate tolerability profile. Currently, vortioxetine is only approved for the treatment of major depressive disorder (MDD) in adults. There is currently no unified consensus on the most appropriate pharmacotherapy for post-traumatic stress disorder (PTSD), so this clinical case raises the possibility of using drugs with multimodal action, such as vortioxetine, in patients with comorbid PTSD and MDD.
Objectives: To describe a clinical case of comorbid PTSD with MDD, highlighting the use of drugs with multimodal action.
Methods: A 26-year-old woman began follow-up for an 8-month history of depressive mood, with apathy, anhedonia, and constant rumination about a significant life event, impacting her basic activities of daily living, along with death-related thoughts and fear of acting on them. She also presented with highly limiting tics, difficulty concentrating, mental blocks, slowed thinking, and mixed insomnia. The patient directly relates these symptoms to a traumatic event during her adolescence, which involved sexual abuse and threats during a conflicted romantic relationship. Over the years, she has experienced sequelae related to the traumatic event, such as avoidance behaviors regarding sexual matters, flashbacks with dissociative episodes during periods of heightened anxiety, difficulties in social relationships, and feelings of guilt, fear, and disgust. Treatment with Vortioxetine was prescribed, with progressively increasing doses over the following consultations until reaching 20 mg/day. After several visits to the emergency department during this time, the patient was referred to a psychiatric day hospital.
Results: Thanks to this combined therapeutic plan, the patient has shown significant functional recovery, with marked improvement in the affective domain, regaining interest and enjoyment; and in the cognitive domain, demonstrating an increase in her ability to concentrate and in processing speed. Additionally, she has been able to maintain adequate sexual activity during this time.
Conclusions: Antidepressants with serotonergic action present sexual side effects, so treatment must be individualized in patients for whom this area is particularly relevant, considering drugs with a lower rate of side effects in this regard. The complete functional recovery of MDD includes cognitive symptoms as one of the primary therapeutic objectives, so it is important to consider using drugs that are effective in improving the affected cognitive domains. Post-traumatic stress disorder could benefit from the use of drugs with multimodal action, although more studies are needed in the future.

Disclosure of Interest: None Declared

EPV1408

Resilience in patients with post-traumatic stress disorder

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Introduction: Resilience was first introduced into psychology and psychiatry from technical sciences and afterwards thorough medicine and healthcare. It represents a complex set of various protective and salutogenic factors and process important for understanding health and illness, and treatment and healing processes. It is defined as a protective factor that makes an individual more resilient to adverse events that lead to positive developmental outcomes. Resilience is a positive adaptation after stressful situations and it represents mechanisms of coping and rising above difficult experiences, i.e., the capacity of a person to successfully adapt to change, resist the negative impact of stressors and avoid occurrence of significant dysfunctions. It represents the ability to return to the previous, so-called "normal" or healthy condition after trauma, accident, tragedy, or illness. In other words, resilience refers to the ability to cope with difficult, stressful and traumatic situations while maintaining or restoring normal functioning. The higher the resilience, the lower the vulnerability and risk of illness (Babic R, et al. Psychiatria Danubina 2020; Vol. 32, Suppl. 2, 226-232). In the development of post-traumatic stress disorder (PTSD), there is a positive association with negative emotions, on the other hand, PTSD symptoms are negatively correlated with positive emotions (Deborah JC. TD collection for University of Nebraska – Lincoln, 2001), which often depends on resilience which is inversely proportional to the onset of PTSD and as such plays an important role in treatment of anxiety disorders, depression and stress reaction (Green et al. Assessment 2014; 21:443-5, Connell et al. Fr J Psychiatry (Johannesburg) 2013; 19:16, Zerach et al. sr J Psychiatry Relat Sci 2013; 50:91-98).
Objectives: The aim of this research was to investigate the connection between resilience and post-traumatic stress disorder.
Methods: Socio-demographic questionnaire (personal creation).
Resilience questionnaire – Croatian version (Connor-Davidson Resilience Scale 25).
Clinical questionnaire for ptsd, diagnostic version for current and lifetime PTSD - Croatian version (Clinician Administered PTSD Scale, CAPS-DX).

	Resilience	
CAPS-DX (PTSD)	r	p
Reexpiriencing symptoms	-0.446	<0.001
Avoidance symptoms	-0.561	<0.001
Arousal and reactivity symptoms	-0.509	<0.001
CAPS-DX total	-0.542	<0.001

Results:

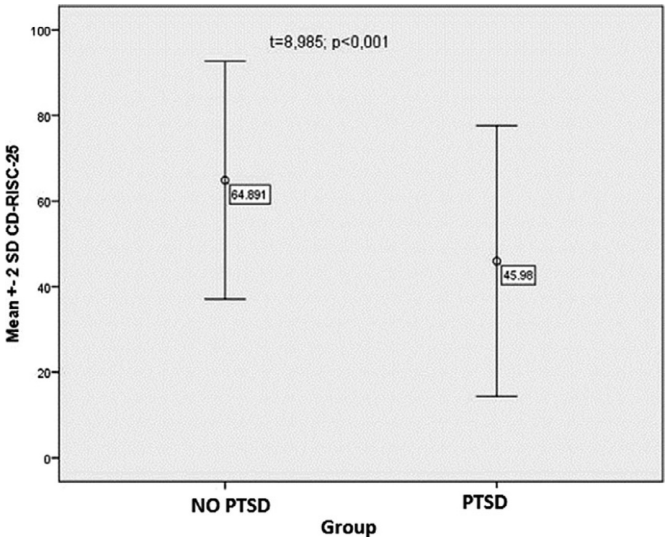


Image:

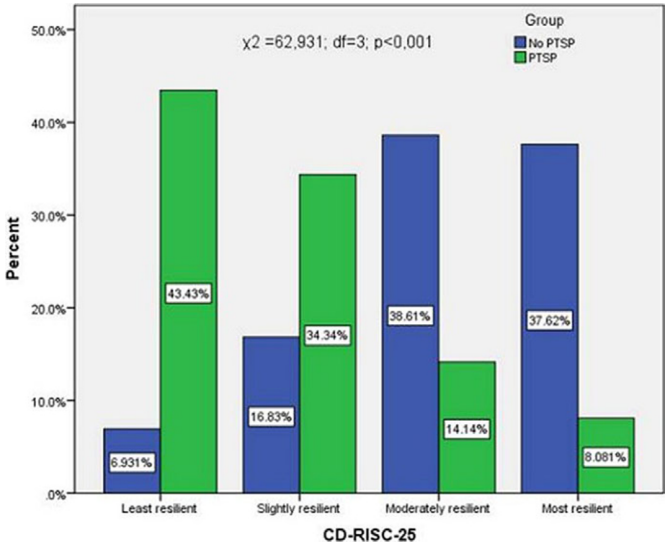


Image 2:

Conclusions: The level of resilience had an impact on the onset, development and outcome of PTSD.
People without PTSD show a statistically higher level of resilience compared to respondents with PTSD.
Respondents without PTSD are statistically significantly more represented in the groups with moderately high resilience, while those with PTSD are the most in the group with the least resilience.

Disclosure of Interest: None Declared

EPV1409

Post-Traumatic Stress Disorder Following a Suicide Attempt

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Introduction: Post-traumatic stress disorder (PTSD) is an anxiety disorder that develops when a person is exposed to death, perceives a threat to their safety, or witnesses a traumatic event, either personally or vicariously. It is a condition that affects over 70% of adults who have experienced trauma at least once in their lives. What happens in the case of individuals who have attempted suicide? Do they also frequently develop PTSD?
Objectives: To determine if individuals who have attempted suicide are at risk of developing PTSD as a result of their suicide attempt. If such a connection is proven, what therapeutic measures could be proposed to prevent the onset of this disorder?
Methods: This is a descriptive study using a survey of patients at the Department of Psychiatry D at RAZI Hospital, who have made one or more suicide attempts during the year 2023.
Results: 20 patients (80%) exhibited a moderate to severe depressive episode at the time of their suicide attempt. The average number of suicide attempts was 1.53. The methods used for the suicide attempts included medication ingestion, observed in 15 patients (60%), phlebotomy in 4 (16%), jumping from a height in 2 (8%), hanging in 2 (8%), and ingestion of toxins in 2 (8%). 14 patients (56%) required hospitalization in a medical unit following the suicide attempt. 9 out of 25 patients (36%) developed PTSD according to DSM-5 criteria.
Conclusions: A significant proportion of suicide attempt survivors may develop PTSD related to the suicide attempt. PTSD related to a suicide attempt could serve as a viable target for assessment and intervention to improve quality of life and reduce the risk of future suicide among individuals who have attempted suicide. However, more studies are needed to evaluate the risk of PTSD in this population.

Disclosure of Interest: None Declared

EPV1410

Erectile Dysfunction in Veterans with Post-Traumatic Stress Disorder

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Introduction: The mental health burden of post-traumatic stress disorder (PTSD) is significant for all those affected, with a higher incidence among veterans due to military trauma and the particular strains of military duty. It results in detrimental effects on life quality and functional impairment in various domains, including sexual dysfunction (SD).
One of the most prevalent yet underreported sexual dysfunction in Tunisian veterans is erectile dysfunction (ED).