Conclusions: PTSD symptoms were associated with substantial occupational performance disruptions, especially in rest and sleep, social participation, and leisure, reflecting significant limitations in daily functioning. Women with dual exposure exhibited more intense psychological distress and broader occupational impairments than those with indirect exposure only, suggesting a possible cumulative effect of dual exposure.These findings highlight the urgent need for interprofessional, occupation-centered strategies integrating early screening, targeted interventions, and psychosocial rehabilitation to support recovery and foster social reintegration. The results also emphasize the relevance of occupational therapy perspectives in trauma-focused care.

Disclosure of Interest: None Declared

EPV1173

Pilot clinical project: Trauma-Sensitive Yoga group intervention in psychiatric care

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Introduction: Post-traumatic stress disorder (PTSD) and complex PTSD (C-PTSD) are debilitating conditions that can develop after experiencing trauma and are characterized by intrusive symptoms, dissociation, hypervigilance, avoidance behaviors and persistent negative emotional states. C-PTSD is often the result of prolonged, repeated trauma and includes difficulties with emotional regulation, a negative self-image, and relationship problems.
Trauma-Sensitive Yoga (TSY) is a specialized practice designed for individuals who have experienced trauma. Unlike traditional yoga, TSY prioritizes safety, personal autonomy, interoception and nervous system regulation, while avoiding potential traumatic triggers, which allows participants to rebuild a sense of trust with their bodies. Research has demonstrated that yoga, and specifically TSY, can be a valuable tool for those suffering from PTSD. Studies have shown that it can significantly reduce symptoms such as hypervigilance, anxiety, and dissociation, while also improving emotional regulation.
Objectives: To describe a pilot project that aims to implement a 10-session TSY in a small group of patients with PTSD/complex PTSD and to explore feasibility, acceptability, and preliminary changes in PTSD symptomatology.
Methods: The participants are patients from a psychiatric outpatient service with a diagnosis of PTSD/C-PTSD or significant traumatic history with anxiety, depressive or dissociative symptoms. Exclusion criteria include severe symptoms preventing group participation, active substance use that interferes with the process, active suicidal ideation/risk and relevant medical conditions contraindicating physical exercise.
The intervention consists of weekly 60-minute TSY sessions over 10 weeks, co-facilitated by a psychiatrist trained in TYS and a psychologist. Each session addresses core components: safety, choice, present-moment awareness, interoceptive/proprioceptive awareness, autonomic regulation, and compassion. Sessions are followed by brief group reflection.
Participants will complete the Posttraumatic Stress Disorder Symptom Severity Scale-Revised (EGS-R) and the PTSD Checklist for DSM-5 (PCL-5) pre- and post-intervention. Clinical interviews are conducted to identify individual goals and evaluate subjective experiences.
Results: At the time of submission, the intervention and data collection is ongoing. Descriptive feasibility outcomes (recruitment, attendance, adherence) and preliminary symptom changes will be presented.
Conclusions: This pilot project will help us understand the feasibility and clinical value of TSY in a psychiatric setting. We hypothesize that TSY may represent a valuable complementary practice for patients with PTSD, supporting both symptom reduction and overall well-being.

Disclosure of Interest: None Declared

EPV1175

Post-traumatic and dissociative depression in a sample of Chinese high school students

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Introduction: Depression commonly co-occurs with trauma-related conditions, such as post-traumatic stress disorder (PTSD), but less is known about this comorbidity among adolescents, especially since the launch of ICD-11. Moreover, dissociation is also a trauma-related symptom that may be common in people with depression. Very few studies looked into PTSD and dissociation in adolescents with and without probable depression, although there may be a post-traumatic or dissociative subtype of depression.
Objectives: This study investigated ICD-11 PTSD, complex PTSD (CPTSD), and dissociation among Chinese high school students who screened positive for depression. We explored differences in childhood maltreatment, household dysfunctions, and psychotic symptoms in depressed participants with and without PTSD/dissociation.
Methods: We recruited high school students in two public schools in China to complete the PHQ-9, the 10-item Adverse Childhood Experiences Questionnaire, the International Trauma Questionnaire, the Dissociative Experiences Scale-Taxon (DES-T), and the Community Assessment of Psychic Experiences–Positive (CAPE-P15).
Results: In total, 1,147 high school students (mean age = 16.40; 54.6% female) completed the assessments; 204 (11.78%) screened positive for depression (PHQ-9 ≥ 10). Of students with depression, 4.4% screened positive for PTSD, 24.5% screened positive for CPTSD; 46.6% screened positive for dissociation (DES-T ≥ 28). In total, of students with depression, 55.9% had either or both PTSD/CPTSD and dissociation. Depressed students with PTSD/dissociation (n = 114) reported significantly more childhood

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maltreatment (M = 1.52; SD = 1.47 vs 0.97; SD = 1.26)(t = 2.81, p = .004), more household dysfunctions (M = 0.78; SD = 1.25 vs M = 0.42; SD = 0.81)(t = 2.492, p = .014), and more positive symptoms of psychosis (M = 1.31; SD = 0.69 vs M = 0.65; SD = 0.49)(t = 7.959, p < .001), compared with depressed students without PTSD/dissociation (n = 90).

Conclusions: Over half (55.9%) of depressed students in this study also experienced trauma-related symptoms. These students reported significantly higher levels of childhood maltreatment, household dysfunctions, and positive symptoms of psychosis compared to those with only depression. These findings emphasize the importance of thorough mental health evaluations and targeted interventions to address trauma and dissociation in depressed adolescents.

Disclosure of Interest: None Declared

EPV1177

Digital Vibroacoustic stimulation for Insomnia in Adults With PTSD in a War Zone: A Feasibility Study

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Introduction: Insomnia is highly prevalent among individuals with posttraumatic stress disorder (PTSD) and is considered a hallmark symptom. Effective treatment of insomnia may improve both sleep and PTSD outcomes. Cognitive behavioral therapy for insomnia (CBT-I) is the recommended first-line treatment, but its availability is limited, underscoring the need for scalable digital alternatives

Objectives: To evaluate the feasibility and efficacy of *TuneMe*, a personalized digital vibroacoustic intervention, for reducing insomnia symptoms in adults with PTSD in a war zone setting.

Methods: This was a prospective, single-arm, open-label feasibility study conducted at Geha Mental Health Center, Israel. Thirty adults (aged 18–65 years) with PTSD and comorbid insomnia were recruited. All patients developed PTSD in a war zone setting over the last two years. Participants used the *TuneMe* application nightly, which produces personalized auditory stimulation based on real-time voice analysis and physiological monitoring. All patients completed the 7-week intervention.

The primary outcomes were changes in Insomnia Severity Index (ISI) and PTSD Checklist for DSM-5 (PCL-5) scores from baseline to week 7. Secondary outcomes included physiological stress, assessed with the Garmin stress index derived from heart rate variability.

Results: Mean ISI scores decreased from 22.6 (SD, 3.4) to 16.2 (SD, 6.5), a significant improvement (p < .001). The proportion with severe insomnia declined from 68.2% to 27.3% (p = .015). PCL-5 scores improved from 55.3 (SD, 9.5) to 47.0 (SD, 12.9; p = .002), with the greatest effects in hyperarousal and intrusion domains. Physiological stress decreased from 51.2 (SD, 17.4) to 33.9 (SD, 12.9; p < .001).

Conclusions: This feasibility study suggests that a personalized digital vibroacoustic intervention may reduce insomnia and PTSD symptoms in adults with PTSD. Larger randomized controlled trials are needed to confirm efficacy and establish durability.

Disclosure of Interest: None Declared

EPV1179

Ways to improve treatment effectiveness of post-stress disorders, that developed as a result of hostilities, using transcranial magnetic stimulation of the brain

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Introduction: Under the influence of powerful psych traumas, which always accompany combat operations, there are numerous comorbid combinations of post-stress disorders with different psychopathology (anxiety, depressive states, obsessions, insomnia, nightmares etc.). The low effectiveness of treatment of these disorders forces the development of new approaches in the treatment of these disorders.

Objectives: Transcranial magnetic stimulation of the brain were used in complex therapy of post-stress disorders in combatants (42) and civilians (45) who suffered from Russian aggression. Virtual reality methods are being developed for the treatment of this group of patients.

Methods: Psychopathological, pathopsychological assessment methods

Results: Transcranial magnetic stimulation was used in combination with standard therapy (pharmacotherapy and psychotherapy). A more rapid reduction, primarily of depressive syndrome, was noted compared to the control group. The reduction in anxiety was not statistically significant across study groups. No change in sleep duration was noted. However, patients who received Transcranial magnetic stimulation in complex therapy reported satisfaction with sleep and a reduction of nightmares. Good adherence to therapy was observed in patients receiving Transcranial magnetic stimulation.

Conclusions: Encouraging data were obtained regarding the optimization of treatment of post-stress disorders using transcranial magnetic stimulation of the brain.It is assumed that the implementation of new treatment methods such as: virtual reality, visual-perceptual subsensory psychocorrective influence and others will be effective in treatment PTSD.

Disclosure of Interest: None Declared

EPV1180

Shen-Regulating Acupuncture for PTSD in Domestic Violence Survivors: A Case Series Protocol

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