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Introduction: War is the most powerful psychosocial stressor affecting all segments of modern Ukrainian society.
Objectives: It was conducted a comprehensive examination of 176 patients of both sexes: Group I consisted of 101 military personnel; Group II - 97 volunteers; Group III - 95 IDPs in order to develop a system of personality-oriented treatment of stress-related disorders in persons affected by war.
Methods: Clinical and psychopathological examination, which included a structured interview and patient's observation aimed at studying influence of socio-psychological and biological factors on development of post-stress disorders. Psychodiagnostic method include use: M-PTSD; HADS; HAM-A, HAM-D; Questionnaire of neuropsychological stress by T.A. Nemchin; State-Trait Anxiety Invertory; Methods of diagnosing coping behaviour in stressful situations; Impact of Event Scale-Revised; Clinical Administered PTSD Scale-CAPS; Traumatic Stress Questionnaire; Colombian Suicide Intentions Severity Scale; Methods for determining suicide risk and assessing self-awareness of death in patients with depressive disorder (Kozhyna H.M., Zelenska K.O., 2015); Methods for 'Diagnosing the level of social frustration (Wasserman L.I., modified by Boyko V.V., 2002).
Results: Clinical structure of stress-related disorders was presented by PTSD and adjustment disorders. Clinical structure of PTSD was represented by anxious, dysphoric, asthenic and somatoform syndromes. System of personality-oriented treatment was developed, including differentiated use of psychopharmacotherapy, psychotherapy and psychoeducation; creation of re-adaptive atmosphere; formation of health-centered lifestyle and based on a salutogenic approach. Pharmacotherapeutic component of developed program included differentiated, targeted use of SSRIs, SNRIs, antipsychotics, tranquilizers and anxiolytics. Psychotherapeutic program was based on identification of dominant resource channels for overcoming stress and finding inner stability using integrative model of psychological survival after severe stress, Basic Ph. Psychotherapeutic support included trauma-focused CBT for all patients, EMDR therapy with additional use of Pucelik Consulting Group's PTSD Self-Management Program for servicemen patients in Group I; individual crisis therapy for patients in Group II; and interpersonal therapy for patients in Group III. For anxious depressive reactions, CBT and art therapy were used for all patients; with the additional use of problem-solving therapy for patients of Group I; Group II - individual crisis therapy; Group III - mindfulness techniques, relaxation training.
Conclusions: Effectiveness of developed system of personality-oriented treatment of stress-related disorders was proved, and positive dynamics of mental state, reduction of psychopathological symptoms, increased resistance, reduced levels of social and psychological frustration were established.

Disclosure of Interest: None Declared

EPV1429

The Effects of Deliberate Rumination and Prolonged Grief on Approach-Avoidance Behavior

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Introduction: In the Cognitive-Behavioral Conceptualization of Complicated Grief, avoidance strategies toward bereavement-related stimuli contribute to the development and maintenance of prolonged grief. Traumatic events, such as bereavement, often lead to intrusive negative thoughts and evoke painful emotions. For individuals experiencing prolonged grief, avoidant coping can deteriorate their symptoms. Deliberate rumination on the loss, as an active information-processing strategy to understand and find meaning in the traumatic experience, may promote adaptation to life after the loss.
Objectives: This study aims to examine the impact of prolonged grief on approach-avoidance behaviors and to evaluate the effects of a deliberate rumination intervention.
Methods: Data were collected from 41 Korean adults aged 18 and above, who had experienced bereavement at least 12 months prior. Participants were randomly assigned to either a deliberate rumination intervention group (n=21) or a distraction intervention group (n=20). The Approach-Avoidance Task (AAT) was used to measure implicit approach-avoidance behaviors toward bereavement-related and neutral stimuli in each group, with assessments conducted both before and after the intervention.
Results: The study results revealed no significant differences in approach-avoidance tendencies according to the level of prolonged grief for both bereavement-related and neutral stimuli. However, a significant interaction effect between group and time of measurement was observed for bereavement-related stimuli [$F(1,39)=4.431$, $p<.05$], but not for neutral stimuli [$F(1,39)=.424$, *n.s.*].
Conclusions: Although this study did not identify significant avoidance tendencies according to prolonged grief levels, it experimentally showed that deliberate rumination influences avoidance strategies among individuals experiencing prolonged grief. This finding implies significance in suggesting effective intervention approaches for those with pathological grief.

Disclosure of Interest: None Declared

EPV1431

Post-Traumatic Stress Disorder and Cognitive Impairment: The Great Unknown

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Introduction: Accumulating evidence identifies post-traumatic stress disorder (PTSD) as a significant risk factor for the development of dementia, with affected individuals demonstrating a two-fold increase in dementia risk compared to the general population.

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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