

schizoaffective disorder ($p=0,00$) and poor adherence to treatment ($p=0,00$) in affected relatives were associated with experiences of moderate–severe aggression. More than a half of caregivers (54.7%) reported potentially significant levels of PTSD which correlated with the level of aggression ($p=0.00$).

Conclusions: Our findings suggest that a large proportion of family caregivers of patient-initiated violence in psychosis reported experiencing a great distress and a high level of PTSD symptomatology. So, more attention should be paid to the support needs of caregivers who are faced with potentially life threatening aggressive behaviour by psychotic family members.

Keywords: Aggression; caregivers; psychosis; post-traumatic stress disorder

EPP0941

Factors associated with post-traumatic stress disorder in family caregivers of psychotic patients

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Introduction: An association can be found between patient with psychosis and perpetrating acts of violence. So, the caregiving role can impact negatively on psychosis carer psychological health and wellbeing.

Objectives: The aim of this study was to identify the factors associated with post-traumatic stress disorder (PTSD) in family caregivers of psychotic patients following exposure to aggression.

Methods: This cross-sectional study was carried out involving 95 family caregivers of psychotic patients followed in psychiatry. Data were gathered from caregivers about their experiences in providing care. Sociodemographic and clinical data of patients were collected from medical records. We used the perceptions of prevalence of aggression scale (POPAS) to measure the frequency and severity of aggression directed at the respondent in the past and the Impact of Event Scale-Revised (IES-R) to evaluate PTSD.

Results: The caregivers were male in 51.6% and with low educational level in 46.3% of cases. A rate of 75.8% of caregivers reported experiencing moderate to severe levels of aggression. More than a half of caregivers (54.7%) reported potentially significant levels of PTSD. Decreased contact with patient ($p=0.01$), male gender ($p=0.00$), older age ($p=0.00$), living far from patient ($p=0.00$), parent relationship of caregivers ($p=0.00$), diagnosis of schizophrenia or schizoaffective disorder ($p=0.00$) and poor adherence to treatment ($p=0.00$) in affected relatives were associated with the presence of PTSD following exposure to moderate to severe aggression.

Conclusions: These findings highlight the need for interventions to promote family psychoeducation and to provide psychosocial support for caregivers of patients in order to prevent the traumatic impact of violence on them.

Keywords: Aggression; caregivers; post-traumatic stress disorder; psychosis

EPP0942

Prevalence of post traumatic stress disorder in children with mild traumatic brain injury

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Introduction: Children with traumatic brain injury (TBI) are at risk for post-traumatic stress disorder (PTSD). The vast majority of TBI are of mild severity (MTBI), however, they may develop persistent neurophysiological symptoms.

Objectives: The purpose of this study was to investigate the incidence of PTSD in children with MTBI in Western Greece.

Methods: A one-year prospective study was conducted at the Children Hospital of Patras. A total of 175 children aged 6-14 years screened for risk of PTSD at one-week and one-month post-injury, completing the Child Trauma Screening Questionnaire (CTSQ). The Children’s Revised Impact of Event Scale (CRIES 13) was administered to the parents, to inquire their assessment of PTSD in the children. Statistical analysis was performed with IBM SPSS v.22.0

Results: There were 59 (33.7%) children (27.2% boys, 45.9% girls) whose screen result was at risk. At the rescreening one-month postinjury, 9.9% were still at risk. Parents assessed presence of PTSD in 19% of their children at one-week and in 3.9% at one-month post-injury. There was a positive correlation between parenting and child reporting on symptoms of PTSD in children. However, 23.4% mistakenly estimated their children did not experience stress while in fact they did and 24.2% mistakenly estimated the contrary.

Conclusions: The findings revealed the risk of PTSD even in mild TBI, justifying thus the screening to identify these children for intervention strategies. On the other hand, the rescreening demonstrated that not all at-risk children required intervention, since a natural remission in PTSD symptoms was observed one-month post-injury.

Keywords: PTSD; Children; brain; injury

EPP0945

Post-traumatic stress disorder and stroke in the elderly

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Introduction: Posttraumatic stress disorder (PTSD) is common in survivors of acute life-threatening illness, but little is known about the burden of PTSD in survivors of stroke attack.

Objectives: This study estimated the prevalence of PTSD in post-stroke in the elderly and to look for the factors which are correlated with it.

Methods: Participants were outpatients of Psychiatry B department in Hedi chaker University Hospital Center in Tunisia, over the age of 65, hospitalized in psychiatry for a major depressive episode, recruited between 2000 and 2015. The data was collected using a pre-established sheet containing socio-demographic information, the clinical and evolutionary characteristics of the depressive episode and the therapeutic data concerning the depressive episode.

Results: 30 patients were included in this study with an average age (69 Y) and sex ratio (0.66). More than half (53.3%, 16 patients) had a history of chronic somatic disease. The average length of hospitalization was 26 days. The most frequent reason for hospitalization is sadness of mood (43.3%) with cognitive impairment as the predominant clinical symptomatology (40%). 93.3% of the population received as treatment an antidepressant mainly Fluoxetine (50%).

Conclusions: clinicians should be mindful that PTSD can be a devastating mental health condition and should consider screening for PTSD in stroke survivors.

Keywords: PTSD; stroke; Elderly

EPP0947

Tokophobia or post-traumatic stress disorder ? about a tunisian case

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Introduction: Pregnancy and delivery are considered to be an important transition stage in a woman's life. Although this experience is emotionally rich, it varies from one person to another and each woman goes through it in her own way.

Objectives: discuss the psychiatric outcomes after a childbirth with somatic complications.

Methods: case report

Results: Mrs X is a 32 years old woman, she has no particular history of illness until she gave birth to her son. He is now three and a half years old and he is an outpatient at the child and teen psychiatry department in a Tunisian hospital. After her delivery, Mrs X had several physical and psychological complications. She was hospitalized in the cardiology department for cardiomyopathy of Meadows for three weeks among it one week in the medical reanimation ward because she needed respiratory assistance. Furthermore, she suffered of left femoral head's necrosis for which she was operated, and a total hip prosthesis replacement was done. Psychologically, Mrs X. presented a postpartum depression which resolved in its own after 9 months. Ever Since the childbirth, the patient presents symptoms concurring with post-traumatic stress disorder and symptoms that may be linked to a specific phobia (fear of birthchild or tokophobia).

Conclusions: In addition to the usual health care provided to women during pregnancy and after childbirth, looking for mental health disturbances and eventually referring them for psychiatric

assessment is important specially for women who have experienced traumatic events during the pregnancy or the delivery

Conflict of interest: No significant relationships.

EPP0948

Spousal abuse and psychological repercussions

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Introduction: Spousal abuse (SA) against women, by its frequency and its consequences on the health of the victims, is a public health issue. For this reason, the role of the physician is essential not only in the care of victims but also in the screening of psychological repercussions.

Objectives: To study the risk factors associated with the development of post-traumatic stress disorder (PTSD) in women victims of spousal abuse (SA).

Methods: Descriptive and analytical cross-sectional study conducted at the National Health Fund of Sfax (CNSS) on 110 women who consulted during the months of October and November 2019. The sociodemographic and clinical characteristics of the consultants were collected using a pre established form. We used a 10-item scale, the "Women's Experience with Battering Scale" (WEBS), to screen women for SA. PTSD was assessed using a PCLS scale (17 items).

Results: (SA) was estimated at 57.3% in our population. The average WEBS score among abused women was 30.92. The prevalence of PTSD in abused women was 63.5% and the average PCLS score was 48.8. The somatic ($p=0.049$) and psychiatric ($p=0.005$) histories in the women who had experienced (SA) were related to the development of PTSD. The PCLS score was significantly associated with the WEBS score ($p<.0001$ and $r=.76$). The type of violence experienced (physical, psychological, sexual and material) was correlated with the development of PTSD; (p were respectively: $<.0001$; $<.001$; 0.02 ; $<.0001$). Similarly, repeated violence was strongly related to it ($p<.0001$).

Conclusions: It seems clear that the (SA) experienced by the women had a psychological impact through the development of PTSD. In addition, several other risk factors inherent to women can be incriminated in this disorder for which systematic screening remains a necessity in order to allow an update care.

Conflict of interest: No significant relationships.

EPP0949

Therapeutic interventions for PTSD – current evidence on the the role of psychedelics.

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