

rates of comorbidity. Therefore, exploring novel therapies is of utmost importance.

Objectives: Clarifying methylenedioxymethamphetamine (MDMA)-assisted psychotherapy efficacy in symptom relief in people with PTSD. Explaining clinical MDMA mechanism of action. Assessing safety of MDMA clinical use.

Methods: PubMed database search, with “MDMA for PTSD” keyword expression. 12 Articles published in the last ten years were selected among the 112 best matches. Reference lists of articles were reviewed to identify additional articles.

Results: Mithoefer *et al.* (2010) carried out the first controlled clinical study with MDMA-assisted psychotherapy in people with PTSD. Twenty patients with treatment-resistant PTSD were selected. They were given either placebo or two or three sessions of MDMA. 83% of the experimental group no longer met the criteria for PTSD (mean remission lasted 45 months without further MDMA doses) compared with 25% of the placebo group. Further studies were also suggestive of improvements in treatment-resistant PTSD patients undergoing MDMA-assisted psychotherapy. MDMA may increase exposure therapy effectiveness, allowing patients to stay emotionally involved while revisiting past traumas without being overwhelmed by anxiety and fear.

Conclusions: To date, MDMA-assisted psychotherapy studies demonstrated consistently positive results. However, they have been carried out with small groups of individuals. Therefore, larger trials should be conducted to assess MDMA’s efficacy and safety for it to become a licensed medicine.

Disclosure: No significant relationships.

Keywords: Psychotherapy; posttraumatic stress disorder; METHYLENEDIOXYMETHAMPHETAMINE

EPV1014

MDMA-Assisted Therapy for Treatment-Resistant Posttraumatic Stress Disorder (PTSD) – One step further toward a patient-centered treatment pathway

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Introduction: PTSD is a chronic, debilitating condition with limited treatment efficacy. Accessing traumatic memories often leads to overwhelming distress, impacting treatment process. Current approved pharmacological treatments have exhibited small to moderate effects when compared with placebo. Evidence suggests 3,4-methylene-dioxymethamphetamine(MDMA)-assisted psychotherapy as a viable option for refractory PTSD.

Objectives: Comprehensive review of early clinical research, proposed mechanisms, safety and emerging therapeutic models.

Methods: Eligible studies will be identified through strategic search of MEDLINE.

Results: Pre-clinical and imaging studies suggest memory reconsolidation and fear extinction as candidate psychological and neurological mechanisms, involving MDMA’s combined effects of increasing serotonergic activity, as well the release of oxytocin and brain-derived neurotrophic factor in key memory and emotional

circuits. Resulting reduction in amygdala and insula activation and increasing connectivity between the amygdala and hippocampus may create a “tolerance window” of neuroplasticity for emotional engagement and reprocessing of traumatic memories during psychotherapy. Early clinical trials report impressive and durable reduction in PTSD symptoms, with a safety profile comparable to that of SSRIs. A recently completed randomized, double-blind, placebo-controlled phase 3 trial reported full remission of PTSD symptoms in 67% of patients at 2 months, with no increase in suicidality, cardiovascular events or abuse behavior. Emerging treatment models underline the importance of unmedicated therapeutic sessions for preparation for the experience and subsequent integration as essential for full benefit and safety of the clinical context.

Conclusions: The psychological impact associated with the COVID-19 pandemic is an reminder of the emotional and economic burden associated with PTSD. MDMA-assisted therapy may be a breakthrough approach meriting further multidisciplinary investment and clinical research.

Disclosure: No significant relationships.

Keywords: Psychotherapy; PTSD; MDMA (3,4-methylenedioxymethamphetamine); Trauma

EPV1016

Resilience and its association with post-traumatic stress disorder, anxiety, and depression symptomatology in the aftermath of trauma: a cross-sectional study from Nepal

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Introduction: Resilience is a multidimensional construct. Despite being quoted as protective against mental disorders, it remains largely unexplored in our context.

Objectives: We attempted to explore the role of resilience in the development of various psychiatric symptoms as depression, anxiety and post-traumatic stress disorder following trauma in clinical population in a psychiatry outpatient of a university hospital.

Methods: We interviewed one hundred patients who sought treatment in psychiatry outpatient in a university hospital in Kathmandu, Nepal. We collected sociodemographic and trauma related information using semi-structured interview format. Other instruments used were the World Health Organization Composite International Diagnostic Interview version 2.1 for trauma categorization, the Post-Traumatic Stress Disorder Checklist-Civilian version to measure the post-traumatic stress disorder symptoms, and the 25-item Hopkins Symptom Checklist-25 to assess the level of depression and anxiety symptoms. We used Nepali adapted resilience scale derived from the original Wagnild and Young Resilience scale to measure resilience. We explored the associations between resilience scores and the scores on depression, anxiety and post-traumatic stress disorder using bivariate and multivariate analysis.

Results: Resilience had negative correlations with depression, anxiety, and post-traumatic stress disorder symptoms after adjusting for other variables such as gender, marital status, employment status, socioeconomic status and trauma types which were observed to have significant association in the bivariate analysis.

Conclusions: There was inverse correlation between resilience scores and depression, anxiety, and post-traumatic stress symptoms. Resilience should be considered in studies involving trauma population.

Disclosure: No significant relationships.

Keywords: Anxiety; Depression; resilience; Post-traumatic stress disorder

EPV1018

Transcranial magnetic stimulation and post-traumatic stress disorder

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Introduction: Post-traumatic stress disorder (PTSD) is a psychiatric disorder characterized by symptoms from four clusters after exposure to a traumatic event: re-experiencing symptoms including flashbacks and nightmares, hyperarousal, avoidance of internal and external stimuli related to trauma, and negative alterations in mood and cognition. As a noninvasive intervention that uses induction of electromagnetic fields to modulate cortical circuitry, TMS has a substantial body of literature demonstrating safety, tolerability, and efficacy in depression and potentially PTSD.

Objectives: Our aim is to perform a non-systematic review of the literature regarding TMS and PTSD

Methods: A semi-structured review was conducted on Pubmed concerning TMS and PTSD

Results: The majority of studies utilize repetitive TMS targeted to the right dorsolateral prefrontal cortex (DLPFC) at low frequency (1 Hz) or high frequency (10 or 20 Hz), however others have used alternative frequencies, targeted other regions, or trialed different stimulation protocols utilizing newer TMS modalities such as theta-burst TMS (TBS). It is encouraging that were positive outcomes have been shown, and often sustained for up to -3 months, nevertheless there is a paucity of long-term studies directly comparing available approaches.

Conclusions: TMS appears safe and effective for PTSD, although important steps are needed to operationalize optimal approaches for patients.

Disclosure: No significant relationships.

Keywords: PTSD; TMS

EPV1019

Quality of life in midwives after post-traumatic stress disorders

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Introduction: Post-traumatic stress disorder frequently alters the quality of life.

Objectives: Assess the quality of life in midwives who have post-traumatic stress disorder.

Methods: We conducted a cross-sectional study among midwives in a single university hospital centre using a self-administered questionnaire. We screened post-traumatic stress disorder using the Impact of event scale and the quality of life using 5 items Likert scale.

Results: Our response rate was 82%. Out of 42 midwives who answered us, 18 had post-traumatic stress disorder symptoms (42.8%). They were all female. Their mean age was 45.6± 10.3 years. The traumatic event occurred mainly at work and was related to the death of a mother or a baby. Symptoms of post-traumatic stress disorder symptoms were severe in 5 midwives. The quality of life was altered in 38.8% of participants. Both post-traumatic stress disorder symptoms and alteration of the quality of life were more frequent in patients who don't have leisure activities.

Conclusions: In conclusion, midwives are vulnerable to developing post-traumatic stress disorder. Encouraging sports and other leisure activities may protect them from having severe repercussions on their life.

Disclosure: No significant relationships.

Keywords: post traumatic stress disorder; midwives; Quality of Life

EPV1022

Dealing with Posttraumatic Nightmares

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Introduction: Posttraumatic nightmares are one of the most frequent symptoms in posttraumatic stress disorder. Prevalence can be up to 96%. These nightmares evoke the experienced traumatic event, causing a negative impact. Besides, they are and independent risk for suicide. There are different pharmacological and non-pharmacological options for PTN, despite is no optimal treatment.

Objectives: To analyse the different treatment options for PTN.

Methods: This was a narrative literature review.

Results: The two main treatments for PTN nowadays are the Imagery Rehearsal Therapy (IRT) and prazosin. IRT is a cognitive-behavioral intervention, that helps the patient to change the content of the nightmare to a "happier ending". Prazosin is an alpha-adrenergic receptor antagonist that blocks the stress response in the central nervous system receptors. Although it was a promising drug, significant differences compared to placebo have not been found. There is growing data that suggests nabilone, a synthetic cannabinoid, could be helpful in PTN treatment. A clinical trial made in Canada revealed that 72% of patients experienced a complete disappearance or at least an important reduction of PTN.

Conclusions: PTN is a very common and distressing symptom in patients presenting PTSD. Nevertheless, there is no treatment with enough evidence for this pathology. On this account, it is fundamental to do more research in order to find and suitable treatment that can improve the quality of life of these patients.

Disclosure: No significant relationships.

Keywords: nightmares; posttraumatic; Treatment; PTSD