

location and with whom) and subjective (enjoyment, satisfaction, meaningfulness) dimensions.

Results: The participation was found to be inferior in PTSD in the following dimensions: number of activities, participation frequency, and enjoyment ($2.72 < 3.9$, $p < .01$), and experienced low meaning within the participation. Number of participated activities was correlated with self-reported EF ($r = 0.465$, $p < .05$), and environment properties ($r = 0.5$, $p < .01$). Frequency of participation was associated with self-reported EF ($r = 0.45$, $p < .05$). In addition, number of activities, frequency and experience of meaning were inferior in those who reported on avoidance from sensory stimuli in daily life (71%; $2.5 < t < 2.9$, $p < .05$). PTSD symptoms severity was not correlated with the participation ($-0.35 < r < -0.01$, $p < .05$).

Conclusions: The restriction in both objective and subjective dimensions of participation in PTSD raises major concern given the profound effect of participation on well-being, and individual and community burden. The study reveals unique patterns of association between the participation indices and personal and illness related factors in PTSD, suggesting that objective factors are of less impact in comparison to subjective ones; and aspects of cognitive and sensory regulation as well as environment are of particular importance for participation. This pilot study demonstrates a need for further research to expand our knowledge in the field with the ultimate goal of contributing to well-being and health of individuals with PTSD.

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EPP0725

The analysis of psychosomatic disorders in medical students in the context of their exposure to traumatic events

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Introduction: Stress is inextricably linked to mental well-being while stressful events remain a major contributor to many common psychosomatic disorders. Traumatic events are universal stressors. Only some individuals participating in stressful events do not develop full-blown post-traumatic stress disorder (PTSD) but many of them manifest psychosomatic symptoms with a strong psychological component

Objectives: The current study compared the severity of somatization, anxiety, depression, and distress in medical university students who were exposed and in those who were not exposed to a traumatic event.

Methods: Data were collected from 594 students of different faculties of the Poznan University of Medical Sciences in Poland. Participants were asked whether or not they had experienced any psychological trauma events and were asked to rate the intensity of psychosomatic symptoms they manifested. The data was collected using the Posttraumatic Diagnostic Scale (PDS) questionnaire and The Four-Dimensional Symptom Questionnaire (4 DSQ).

Results: The study found that 78% of study participants experienced a traumatic event while 15% of them reported moderate and severe PTSD symptoms. 45% subjects reported moderate or high stress levels, 23% subjects reported symptoms of depression while 30% reported symptoms of anxiety. The analysis also demonstrated 26% of students participating in the study reported somatic symptoms.

In the subgroup of study participants with trauma history trauma sufferers, 36% subjects declared they experienced a one-time event, 23% subjects experienced trauma event twice while others experienced trauma \geq three times. The number of traumatic events was positively associated with the number of PTSD symptoms and severity of psychosomatic manifestations such as stress, depression, anxiety and somatization. In addition, the study analyzed whether traumatic events resulted from conscious and intentional harm by others. In this respect, 16% of subjects declared they participated in an event that was consciously and intentionally caused by others (e.g., battering or abuse). Students who experienced traumatic events related to intentionally harming another person were characterized by a greater severity of depression.

Conclusions: Study indicates that experiencing traumatic events is associated with a greater severity of a range of psychosomatic symptoms.

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EPP0726

Posttraumatic orientation to bodily signals: The engraving of trauma in bodily perceptions

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Introduction: Theoretical perspectives emphasize that trauma and complex/posttraumatic stress disorder (C/PTSD) may interrupt with the perception of normal day-to-day bodily sensations, such as hunger, temperature and pain. Yet, a coherent conceptual synthesis of such processes is still lacking.

Objectives: This presentation portrays two studies that provide empirical grounding for the conceptualization of 'Posttraumatic Orientation to Bodily Signals' (posttraumatic-OBS); an umbrella term reflecting the tendency to interpret bodily signals as catastrophic and frightful following trauma.

Methods: Two studies assessing exposure to trauma, C/PTSD, and OBD (Pain catastrophizing scale, PCS; body vigilance scale, BVS; Anxiety sensitivity index-physical), were conducted to test the hypothesized association between exposure to trauma and posttraumatic-OBD, as explained by C/PTSD.

Results: Study 1 included 59 ex-prisoners of war and 44 controls along three time-points, revealing that exposure to trauma was associated with a more catastrophic OBS ($t = 2.73$, $p = .008$; Cohen's $d = .57$), which was mediated by longitudinal hyperarousal PTSD symptoms (indirect effect = $.04$ [$.009$, $.11$]). Additionally, a long-term chronic trajectory of PTSD was implicated in a more catastrophic OBS ($F(2102) = 6.91$, $p = .046$).

Study 2 included 194 dyads of mothers and their young adult daughter. Dyadic path analyses demonstrated that OBD was associated with exposure to trauma, through the mediation of CPTSD