

Objectives: To study the impact of psychoaffective diseases on the fitness for night or/and shiftwork

Methods: A descriptive cross-sectional study was conducted with patients with psychoaffective disorders working atypical hours who have consulted the Occupational Medicine Department of the Charles Nicolle Hospital for statements of medical fitness. The study period was six years from January 2016 to June 2022.

Results: Among 224 employees who had shift/night work, 32.1% (n=76) had psycho-affective disorders. The average age was 43.32±8.64 years. The sex ratio (M/F) was 0.46. The average professional seniority was 17.35±9.17 years. The most represented sectors were: health (56%), the electronics industry (5%), finance (5%) and the plastics industry (5%). The most occupied jobs were: nurses (21%), blue collar workers (20%), senior technicians (20%) and security guards (8%). Psychiatric pathologies were represented by anxiety disorders (80%), psychoses (8%), schizophrenia (8%) and bipolar disorders (4%). The consultants were on medication in 88% of cases. Antidepressants were prescribed in 75% of cases, followed by anxiolytics (54%), antipsychotics (22%) and thymoregulators (4%). Concerning the medical fitness for work of the patients, a definitive eviction from shift/night work was indicated in 56% of cases.

Conclusions: A medical assessment of the fitness to work on atypical schedules for workers with psychiatric disorders is required, in particular, during the employment medical examination

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder 02

EPP0723

Translation and validation of Greek version of the Pandemic Grief Scale

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Introduction: Those who have lost loved ones to COVID-19 may be considered at risk of complicated grief. A 5-item mental health screening tool called the Pandemic Grief Scale (PGS) was developed to find likely instances of dysfunctional grief during the pandemic.

Objectives: To develop a Greek version of PGS and to explore the validity and reliability among the general population in Greece in order to further use it as clinical mental health screener.

Methods: We conducted a cross-sectional study between January and April 2022, and 342 persons were recruited. The questionnaire included socio-demographic parameters, the PGS, the Brief Resilience Coping Scale to capture tendencies to cope with stress and the Athens Insomnia Scale to assess the insomnia symptoms. Based on experiences over the previous two weeks, each PGS item is scored on a 4-point scale, from 0 (not at all) to 3 (almost every day), with

higher rating and a cut-off of 7 indicating dysfunctional grief. Prior to the psychometric validation a linguistic validation and adaptation in Greek was performed.

Results: A total of 342 patients participated in the study, 67.8 % were females and 27.8% were 18-30 years old. Coefficient Validity Ratio (CVR) results showed that 100% (n = 5) of items were acceptable. Value of Cronbach's alpha was found 0.848. A one-factor model was conducted by Confirmatory Factor Analysis (CFA), giving acceptable global fit indices. The resulting global fit indices [Standardized Root Mean Square Residual (SRMR) = 0.037, Comparative Fit Index (CFI) = 0.952, Tucker-Lewis Index (TLI) = 0.903] showed that the 5 items in one-factor solution proposed by the primary researchers shouldn't be rejected for the Greek version. The Bartlett Test of Sphericity was 758.08 (p < 0.001). The Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0.826, showing that the data is suitable for factor analysis. The one-factor solution derived in our study consisted of 5 items. The total explained variance was 64.3 %.

Conclusions: The findings of this research support the PGS psychometric validity and reliability. PGS is suitable to be used in healthcare to identify and assist individuals, who are experiencing this type of pandemic-related dysfunctional grief as it is a screening tool that it's simple to use, access, and understand.

Disclosure of Interest: None Declared

EPP0724

Post-Traumatic Stress Disorder and participation in daily life: The pilot study of participation patterns and affecting factors

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Introduction: Post-Traumatic Stress Disorder (PTSD), with prevalence of 14%, causes disability and burden to the person, his/her close environment and whole society due to, among other factors, interruption in a range of daily life activities. To date little research was done to delineate comprehensive patterns of daily life participation among people with PTSD. Despite extensive research, our understanding of factors affecting the participation in PTSD is limited, given that relief in the PTSD symptoms does not guarantee returning to satisfying daily life activities.

Objectives: Investigate objective and subjective participation dimensions among individuals with PTSD in comparison to healthy controls; and explore the impact of personal and illness-related factors, body functions and environment on the participation in PTSD.

Methods: Sixty two individuals with PTSD (age: M=34.3, SD =9.2; women: 24, 77.4%) and matching by age and gender healthy controls participated in this cross-sectional study. They completed standard assessments for PTSD symptoms severity, general cognitive profile, executive functions (EF) based on self-report and performance, sensory processing, self-efficacy, capacity to perform everyday activities, environmental properties, and actual participation in daily life in objective (number of activities, frequency,

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 ($F(2,102) = 6.91$, $p = .046$).

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