

EW0734

Gender differences in overgeneralized autobiographical memory in survivors of torture with posttraumatic stress disorder

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Introduction Persons suffering from PTSD show less episodic specificity in recalling autobiographical memories producing what is often referred to as “overgeneralized memories” as it is shown by scientific studies.

Objective In this research, we are focusing our attention on whether this phenomenon is the same for both men and women or it shows gender specificity.

Method The rehabilitation center for torture victims “Memoria” provided information about people who have recently experienced torture. Some of these victims of torture volunteered to participate in the current research. The participants were assessed with the Harvard trauma questionnaire in order to identify whether they suffer from PTSD or not. A sample of 40 torture survivors with PTSD was selected for the research—20 men and 20 women. The age range is between 20 and 45. On a computer screen, we presented the cue words with the task to recall a past event and time period (month or 5–20 years). The participants pressed a computer key indicating when an event had been recalled, and then, it was described in an audio recorder. The responses were scored 3 for a specific event, 2 a repeated over time event, 1 a general event, 0 none.

Results Both sexes revealed a significant correlation between specificity for autobiographical memories and episodic simulations, only in case of women this correlation is higher compared with men ($r=0.83$ $P<0.001$).

Conclusions Further research is needed in order to eliminate causalities and to extend the results on other populations.

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EW0735

Neuroeconomic approach to trauma related psychopathology: A version to ambiguous losses in PTSD

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Psychiatric symptoms typically cut across traditional diagnostic categories. In order to devise individually-tailored treatments, there is a need to identify the basic mechanisms that underlie these symptoms. Behavioral and neuro-economics methods provide a framework for studying these potential mechanisms. We utilized this framework to examine aspects of trauma-related symptomatology and its potential link to individual uncertainty attitudes. We distinguish between attitudes towards uncertain outcomes with known (“risk”) and unknown (“ambiguity”) probabilities, and between attitudes towards uncertain gains and uncertain losses. fMRI data were obtained from 57 combat veterans (30 with PTSD, and 27 without PTSD) who made choices involving risky and ambiguous options, which were used to estimate risk and ambiguity attitudes

in the gain and loss domains. Veterans with PTSD were more averse to ambiguity, but not risk, compared to veterans without PTSD, when making choices between possible losses, but not gains. The degree of aversion was associated with anxious arousal symptoms, as well as with the degree of combat exposure. A whole brain analysis indicated association between activation in specific brain areas implicated in decision-making and severity of PTSD. Moreover, ambiguity attitudes fully mediated the association between combat exposure and anxious arousal symptoms. These results provide a foundation for the causal association between ambiguity attitudes and trauma-related symptoms, as well as etiology of the neural underpinnings of these behavioral outcomes. Results demonstrate the potential of neuroeconomic and behavioral economic techniques for devising objective and incentive-compatible diagnostic tools, and investigating the etiology of psychiatric disorders.

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Trauma and the unborn child: PTSD, major depression and relationship quality following late pregnancy loss

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Background and objective Late pregnancy loss (PL) is recognized as a very difficult life experience. Often, PL is regarded as a “feminine” trauma, experienced individually by the woman, thus neglecting the role of the parental dyad in coping with the loss. This study aimed to examine:

– the prevalence of PTSD and major depressive disorder (MDD) following late PL;

– the role of spousal relationship measures in vulnerability and resilience following PL.

Methods Participants were 100 women, ages 24–49 ($M=35.07$, $SD=5.28$), who have experienced late PL. The mean pregnancy week of loss was 27.29, with the average woman being 22 months post-loss. 84.6% experienced stillbirth. Participants completed self-report questionnaires assessing PTSD, MDD, dyadic adjustment and dyadic self-disclosure.

Results We have found high rates of both PTSD (32.7%) and MDD (53%) among women following late PL, as well as high PTSD-MDD comorbidity rates. Interestingly, a negative association was found between the number of previous pregnancy losses and the severity of MDD, perhaps indicating an inoculation process. Both PTSD and MDD were negatively associated with the levels of dyadic consensus, dyadic self-disclosure regarding guilt and shame, and dyadic affectional expression.

Conclusions Late PL entails a heavy burden of PTSD and MDD, presumably since mothers are already strongly attached to their unborn child. PL is often experienced by both expecting mother and father. Thus, the quality of the spousal relationship following PL is an important protective factor. Therefore, there is a pressing need for novel interventions in couples therapy following PL.

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