

stimuli. This similarity allows us to treat a transcendental film show in the category of a meditation session.

Conclusions: Recognizing the similarity between the philosophy of mindfulness and transcendental cinema allows us to conclude that a film screening enriches us not only with knowledge about disorders and the therapeutic process, but is in itself a supportive element for mental health. Our work is the first to analyze cinema in the context of mindfulness meditation. In our opinion, culture should be more widely analyzed as a tool to support mental health and the development of one's own identity.

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Post-Traumatic Stress Disorder

EPV0735

Person-centered approach to suicide ideation in posttraumatic stress disorder in veterans: a latent profile analysis

M. Vilibić^{1,2*}, S. Nadalin^{2,3}, B. Aukst Margetic^{1,2}, Ž. Šurina Osmak⁴, V. Peitl^{1,2} and D. Karlović^{1,2}

¹Department of Psychiatry, University Hospital Centre Sestre milosrdnice; ²School of Medicine, Catholic University of Croatia, Zagreb; ³Department of Psychiatry, General Hospital "Dr Josip Benčević", Slavonski Brod and ⁴Department of Health, Ministry of Defence of the Republic Croatia, Zagreb, Croatia

*Corresponding author.

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Introduction: While most research on suicidal ideation (SI) in veterans adopts a variable-oriented perspective, this approach often fails to capture the complex interplay of symptoms and comorbid disorders. We hypothesised that a person-centred approach can identify distinct subpopulations of veterans with varying profiles of SI, PTSD symptoms, depression, and agitation.

Objectives: To examine whether distinct subpopulations of veterans exists, characterized by different profiles of PTSD severity, depression and agitation, and intensity of SI.

Methods: We conducted a cross-sectional study in one big University Hospital Centre in Croatia on the sample of men, war veterans aged 30-65 years, undergoing treatment for chronic PTSD. Latent profiles indicators included the Clinician-Administered PTSD Scale (CAPS), Beck Scale for Suicide Ideation (SSI), Hamilton Depression Rating Scale-17 (HDRS-17) and Corrigan Agitated Behaviour Scale (CABS).

Results: We included 203 male participants with a median age of 47 (IQR 43-45) years. The optimal model, allowing variances of indicators to vary between profiles while constraining covariances to zero, yielded five distinct latent profiles. Notably, the highest SI was found in a subpopulation with elevated CABS scores, but moderate PTSD and depression symptoms (13% of participants). Next in SI intensity were 11% of veterans with severe symptoms across all assessed disorders. Next in SI severity were 21% of veterans with low levels of agitation but high levels of depression. The last two profiles, one with mild symptoms of all assessed disorders (43%) and the other with high agitation (12%), have low SI severity.

Conclusions: Our findings affirm the utility of a person-centred approach in identifying nuanced subpopulations of veterans with

diverse symptom profiles related to SI. This stratification can inform targeted interventions, thereby enhancing the efficacy of suicide prevention strategies.

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Analyze the factors that influence the therapeutic response to psychic trauma

B. Serván Rendón-Luna*, G. Strada Herrera, F. Mayor Sanabria, I. López Claramunt and L. Reyes Molón

Hospital Clínico San Carlos, Madrid, Spain

*Corresponding author.

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Introduction: Psychic trauma profoundly affects a person's confidence in himself and others. There is a sudden experience of helplessness, loss of control, fear for one's own life, and the humiliation of having been violated. The victim may run out of internal and external reference elements.

Objectives: Describe the factors that influence the development of Post-traumatic stress disorder after experiencing traumatic experiences.

Methods: Review in the literature of the different factors that influence the subject's response to the traumatic experience.

Results:

1) Predisposing and precipitating factors:

- characteristics of the traumatic event: severity of the stressor agent: dose-dependent, Characteristics of the same: sudden, prolonged, repetitive, intentional; decrease the ability to control the situation and develop effective coping strategies; they question basic cognitive schemas; the symbolic meaning of the traumatic event.
- characteristics of the person (predisposing factors of vulnerability): genetic-constitutional vulnerability, adverse experiences in childhood, previous traumatic events: increased vulnerability, personality characteristics, recent stressors or life changes, inadequate support system, use of alcohol, perception locus control more external than internal, pre-existing psychiatric symptoms: neuroticism, anxiety, depression, critical ages of development: time of greatest vulnerability (11-16 years).

2) Perpetuating and empowering factors: sharing traumatic events, seeking the logic of the facts, rupture of affective ties.

3) Elements of Resistance: tendency to selectively remember the positive elements in autobiographical memory, acceptance of a certain dose of uncertainty in life, perceiving themselves as survivors, perception of the stressful stimulus as less threatening, Less physiological reactivity to stress, use of humor, positive emotions counteracting during the traumatic process.

4) Elements of Resilience: ability to extract and assimilate positive elements from negative situations.

Conclusions: Trauma threatens 3 basic assumptions of life: the world is good, the world has meaning, the self has value. The knowledge of these mentioned factors allow a better psychotherapeutic approach to Psychic Trauma.

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