significant correlation (sig.<0.05) between post-traumatic stress, post-traumatic growth, and various dimensions of psychosocial adjustment among the participants.

Conclusions: A chronic illness diagnosis can be deeply traumatic, potentially causing post-traumatic stress. However, it's crucial to understand that this doesn't diminish the possibility of post-traumatic growth and effective psychosocial adaptation. To foster this positive path, individuals must receive holistic psychological and emotional support, along with essential social assistance as they navigate life with chronic diseases.

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EPP0682

Traumatic Childbirth and Post Traumatic Stress Disorder: prevalence in a Brazilian cohort

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Introduction: Although birth is experienced, in most cultures, as a positive event, for a significant percentage of women, it is considered a traumatic event, which can be associated with the development of psychopathologies, with negative impacts for the mother and the baby .

Objectives: As part of a larger, multicenter study called Intersect, we aim to assess the prevalence of women who considered childbirth traumatic, in a cohort of women in southeastern Brazil, and the association with the outcome of post-traumatic stress disorder (PTSD).

Methods: A total of 427 women who gave birth in two hospitals in southeastern Brazil in the period from May to October 2022 were included in the study, who answered self-assessment instruments, through on a telephone interview, in the period from 6 to 12 postpartum weeks. For the purposes of this study, the City Birth Trauma Scale stands out.

Results: The participants had a mean age of 28.4 (± 6.4) years, 39.2% were primiparous and 76.1% had a partner. The results showed that 51.3% of them considered the birth moderately or extremely traumatic (N=218). Of these, 50.9% met criterion A for PTSD according to the DSM-5 (N=111) and among these, 20.7% had a PTSD profile (N=23; City-Birth >28 points). These mothers represent 5.4% of the total sample.

Conclusions: there is a high prevalence of traumatic experiences during childbirth, with high rates of PTSD associated with this condition, which requires attention from the medical community in order to track and treat PTSD associated with birth and, from the public authorities, in the institution of preventive measures, through public policies aimed at this population.

Disclosure of Interest: None Declared

EPP0683

Diagnosing Trauma-related Dissociative Disorders in Hungary: The Development of the Hungarian Version of MID (MID-HU)

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Introduction: The recognition, diagnostics and treatment of dissociative disorders (DD) in Hungary is currently in its infancy. According to international researches the prevalence of dissociative disorders is similar to that of the major psychiatric disorders (bipolar disorder, schizophrenia, etc.). Due to the lack of valid diagnostic tools no data is available regarding the prevalence of dissociative disorders in Hungary so far.

Objectives: To fill this gap within our profession; to provide a complex diagnostic tool; developing the hungarian version of the Multidimensional Dissociation Questionnaire (MID-HU)

Methods: 341 people participated in our study classified into four groups: (1) healthy controls (n=88), (2) patients from private practice diagnosed with DD and all those participants who have DD according to their MID results (n=103), (3) hospitalized psychiatric (mixed sample, n=60) and (4) SUD patients (n=89). The questionnaire package contained the hungarian version of the Multidimensional Inventory of Dissociation (MID-HU), the Dissociative Experience Scale (DES), the Traumatic Antecendents Questionnaire (TAQ), the Self-Report Version of the Dissociative Disorders Interview Schedule (DDIS-SR) and additional questions. Now we present the first results regarding the adaptation process of the hungarian MID (MID-HU).

Results: The mean age of the participants was 36 years, 61,6% were female and 38,4% male.

The MID-HU has strong internal consistency: the alpha coefficients for the 14 facet scales were 0.88 or higher. The alpha coefficients for the 23 dissociation diagnostic scales ranged from 0,74-0,95; 9 were excellent (0,90 or above), 10 were good (0,80 or above), and 4 were fair (0,70 or above). The test-retest correlation of the Mean MID-HU scores is good (0,87). Factor analysis of the MID-HU extracted one main factor: dissociation. The mean MID-HU scores correlated with mean DES scores (0,87), indicating a good convergent validity. We found significant differences between the healthy control group and the dissociatve group in the mean DES (control: 9,5, dissociative: 27,6, Sig: <0,001), mean MID (control: 2,5, dissociative: 27, Sig: <0,001), the 23 dissociative diagnostics scales of the MID, 14 facet scales of the MID, and all diagnostics scales of the DDIS (using Mann-Whitney).

Conclusions: The MID-HU seems to be a valid instrument, that can differentiate between DD patients and healthy people.

Disclosure of Interest: None Declared