underwent periodic medical examinations at the Occupational Medicine and Pathology Department in a University Hospital in Sousse. Data collection included socio-demographic information, lifestyle habits, and professional details, gathered through a structured questionnaire. The Sleep Condition Indicator (SCI) was used to screen for insomnia disorder.

Results: The study included 160 participants, predominantly female (60%). Sixty-five percent of the population was over 40 years old. A significant majority (58.8%) were smokers, while 41.3% consumed alcohol. Coffee consumption was high, with 84.4% of participants reporting regular consumption. Regarding professional data, 71.3% of participants were flight attendants, with a median length of service of 15 years. The majority of participants (65%) had flown medium-haul flights (less than 5 hours) in the preceding month. Insomnia was reported in 23.1% of participants.

Conclusions: Our findings highlight the importance of screening for sleep disorders through periodic medical examinations which can significantly contribute to improving sleep quality, enhancing alertness, and ultimately enhancing aviation safety.

Disclosure of Interest: None Declared

Post-Traumatic Stress Disorder

EPP714

Trazodone augmentation could be a beneficial treatment for persistent insomnia in patients with comorbid PTSD and MDD that are good responders to escitalopram or sertraline: A one-group pretest-posttest study

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doi: 10.1192/j.eurpsy.2025.903

Introduction: Antidepressants are a valuable treatment option for patients with PTSD and MDD. Sleep is an important dimension of both: PTSD and MDD. Insomnia is a common residual symptom in patients with PTSD and MDD comorbidity who are generally good responders to SSRI monotherapy.

Objectives: To explore wheather trazodone evening augmentation could be beneficial for persistent insomnia in patients with comorbid PTSD and MDD that are generally good responders to one of followed SSRIs: escitalopram or sertraline.

Methods: Thirty outpatients (N=30) with comorbid war-related PTSD and MDD who are generally good responders to escitalopram (20 mg daily, N=15) or sertraline (100 mg daily, N=15) except persistent insomnia, were augmented with 100 mg trazodone. Trazodone was prescribed one-two hours before the sleep. Each patient met ICD-11 as well as DSM-V criteria for both: PTSD and MDD. No patient had psychiatric premorbidity, excluded by MINI. There was no significant somatic comorbidity that could influence the persistance of insomnia. Four sleep-related parameters were evaluated at two time points: at zero-point and 12-weeks after trazodone augmentation. This parameters/efficacy measures included: the improvement on the recurrent distressing dream item of the Clinician Administered PTSD Scale (CAPS-RDDI), reduction of the amount of time needed to fall asleep, prolongation of sleep duration, and reduction in the average number of arousals per night during the last seven days before assessment.

Results: All sleep-related parameters improved significantly at the end of a 12-weeks follow-up: sleep duration prolongation ($p<0.001$), sleep latency decrease ($p<0.001$), median number of arousals per night decrease ($p<0.001$), and CAPS-RDDI median decrease ($p<0.001$).

Conclusions: Trazodone augmentation could be a beneficial treatment strategy for persistent sleep problems in patients with comorbid PTSD and MDD who are generally good responders to escitalopram or sertraline monotherapy.

Disclosure of Interest: None Declared

EPP715

Trauma-involved care: knowledge, attitudes, and practices of mental health professionals

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doi: 10.1192/j.eurpsy.2025.904

Introduction: The number of people exposed to trauma has increased due to disasters, epidemics, wars, and various man-made causes occurring worldwide- including Turkey. Therefore, the principles of trauma-informed care should be applied in all healthcare settings and incorporated into policies and institutional frameworks (Saunders et al., 2023; Greer, 2023; Huo et al., 2023). Although mental health professionals are experienced in the effects of trauma, a more systematic approach is required to enhance awareness of and achieve widespread trauma-informed care. In Turkey, there is no standardized guide or algorithm for providing care and treatment to trauma victims, and no guide has been developed to ensure a common understanding of care in approaching trauma among mental health professionals.

Objectives: This study examined the knowledge, skills, and stance of professionals providing mental health services in Turkey regarding trauma-informed care, as well as their intervention skills related to trauma. This constitutes the first phase of the studies to establish a fundamentally trauma-informed care model in existing mental health settings.

Methods: The study was conducted with a cross-sectional design, and the convenience sampling method was used. The study population was mental health services professionals in Turkey. The participants were recruited by researchers through social media platforms, and only those accepting participation were included in the study. The study was completed with 197 participants who filled out the survey forms.The data were collected using the Trauma-

Informed Care Scale and the Trauma Intervention Skills Scale through an online survey. The data were analyzed using Spearman correlation analysis, Mann Whitney U, and Kruskal Wallis tests.
Results: More than half of the participants were unaware of the concept of trauma-informed care (55.3%), and only 14.2% felt competent in presenting this care model. In trauma-informed care scores, gender, age, and education level did not create a significant difference ($p>0.05$), while those who have received information about trauma-informed care during their years of education scored higher ($p<0.05$). Compared to other professionals, nurses had higher trauma-informed care scores, and psychologists had an augmented ability to intervene in trauma patients.
Conclusions: The results of the research indicated that while mental health professionals possess knowledge about trauma, they did not reach the desired level in developing attitudes towards trauma-informed care and feeling competent in this area. Trauma-informed care seemed more about providing information related to procedures performed in the clinic or ensuring that the patient was not traumatized during the procedure. Therefore, more studies are needed to evaluate TIC practices in the much-needed mental health field.

Disclosure of Interest: None Declared

EPP716

Psychological assistance to adolescents after spinal cord injury

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doi: 10.1192/j.eurpsy.2025.905

Introduction: Spinal cord injury (SCI) is a severe trauma that leads to disability and decreased social activity. Recently, the number of patients among children has been growing. In Russia, the share of spinal cord injury in the structure of all injuries is 18.3%.
Post-traumatic consequences include neurological, motor and somatic disorders, as well as psychological ones. Psychological support for children with severe SCI is an important link in comprehensive rehabilitation at all its stages. There are data in the literature on the psychological state after spinal cord injuries, but this is in adults.
Objectives: to study psychological problems in adolescents after severe spinal cord injury in the early stages of rehabilitation.
Methods: 50 patients (12-18 years old) admitted for treatment and rehabilitation on the 1st-3rd day after spinal cord injury. Psychological diagnostics included: clinical interview; Anxiety and Personality Disorders Inventory (Spielberger 1983, adapted by Khanin); Beck Depression Inventory (Beck 1961, version for adolescents); Recovery Locus of Control (Partridge, Johnston 1989).
Results: All patients (100%) had psychological problems of varying severity: 80% of adolescents - high level of reactive anxiety; 28.3% - low motivation for rehabilitation; 33.3% - depression (of which 30% - reactive depression; 3.3% - masked depression). Symptoms could be combined and observed in the same patient.
Children with high levels of personal anxiety in combination with reduced levels of motivation had difficulties in adaptation to rehabilitation.
Conclusions: All patients (100%) require psychological support in order to correct emotional background and motivation. Differentiated specialized assistance, including psychological, will increase the effectiveness of rehabilitation. This will help to adapt adolescents with post-traumatic deficiency to the changed conditions of life, improve its quality and return them to their previous social environment.

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP717

The prevalence of insomnia symptoms in adults with depression: a systematic review

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doi: 10.1192/j.eurpsy.2025.906

Introduction: Insomnia symptoms are commonly reported by people with depression, and their effective treatment is associated with reduced affective symptoms and improved patient outcomes. However, to date, estimates of the rates of co-morbid insomnia in individuals with depression are mainly based on sub-analyses of epidemiological studies of general populations, often relying on self-reported or historical depression diagnoses. To our knowledge there has been no systematic review of studies evaluating the prevalence of insomnia symptoms in people with an established diagnosis of depression.
Objectives: To summarise and synthesize the available evidence of studies reporting on the prevalence of insomnia symptoms in adults with depression using a systematic review.
Methods: Comprehensive searches of MEDLINE, EMBASE, Pubmed, PsycINFO, and TRIP using search terms related to depression and insomnia with no language restrictions, were performed. The titles and abstracts were screened independently by two reviewers and the full texts of studies identified were assessed against predefined criteria, namely: 1) primary studies of 2) adults (18 years and over) with depression, 3) reporting prevalence of insomnia symptoms. The review protocol was registered with Prospero.
Results: 4,477 unique references were identified, of which 80 full texts were reviewed after title and abstract screening. Thirteen studies, with a combined total of 10,394 participants and published between 2001 and 2023, met the inclusion criteria and were included in the analysis. Seven studies were from the US, and one each from China, Turkey, S. Korea, Belgium, and the Netherlands, while one included participants from both Malaysia and Australia. The mean prevalence rate of clinically significant insomnia symptoms in adults with a diagnosis of depression was 79%. The systematic review has a number of limitations including a small number of eligible studies covering a wide range of geographic populations with varying thresholds for reporting insomnia, and that establishing the prevalence of insomnia symptoms was not the primary aim of most of the studies. Further meta-analysis in this research was not carried out due to high heterogeneity between studies.