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Track: (Neuro)biological &/or Medical

Background: Rapid eye movement (REM) sleep is thought to enhance consolidation of emotional memories while simultaneously reducing their affective tone. In post-traumatic stress disorder (PTSD), REM sleep is commonly disrupted, particularly in the early aftermath of trauma and suggested to contribute to the development and maintenance of the disorder.

Method: In this double-blind randomised placebo-controlled trial, we investigated the effect of increasing REM sleep using the dual orexin receptor antagonist suvorexant, compared to decreasing REM sleep using temazepam, and a placebo on emotional memory consolidation and extinction recall in 30 healthy adults (age $M = 26.9$, SD = 7.54, 18 females).

Results: Participants viewed 60 emotional images (20 negative, 20 positive, and 20 neutral) and completed a fear conditioning paradigm before taking either drug or undergoing overnight in-lab polysomnography. About 45 hours later, participants returned for the recall session. There was no significant difference in REM sleep percentage ($p = .68$, $\eta^2 = 0.03$), and no difference in extinction recall ($p = .58$, $\eta^2 = 0.04$) between drug conditions. However, both suvorexant and temazepam groups significantly recalled more positive and negative images compared to placebo (p 's $< .05$). Further, higher percentage of REM sleep was associated with improved extinction recall as measured by lower skin conductance response ($\beta = -0.71$, $p = .03$, $\eta^2 = 0.10$). Together, this study is the first to attempt to increase REM sleep as a means to improve emotional memory and extinction consolidation.

Conclusions: The results from this study underscore the potential of targeting REM sleep as a modifiable, etiological factor to improve PTSD outcomes and call for a replication in a clinical PTSD sample to assess translational implications.

261**Identifying high-risk mental health profiles in college students: a clustering approach**

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Track: Trauma Across the Lifespan

Background: College students, who are in a transition stage of life, are vulnerable to the compounded effects of mental health challenges.

Objective: This study aims to classify college students into high-risk and low-risk mental health groups using a clustering approach based on depression, anxiety, PTSD, and DSO domains and explore key predictors of the high-risk mental health group.

Method: Data from 572 college students were analysed, identifying two groups: a high-risk mental health group (HMH, $n = 144$, 25.2%) and a low-risk group mental health group (LMH, $n = 428$, 74.8%). Logistic regression was conducted to determine significant predictors of HMH.

Results: Loneliness emerged as a significant predictor, with students in the highest quartile having an odds ratio (OR) of 34.29 (95% CI: 9.91–118.68, $p < .001$) and those in the third quartile showing an OR of 13.00 (95% CI: 3.76–44.95, $p < .001$). Anxiety also significantly increased the likelihood of being in the high-risk group, with an OR of 48.64 (95% CI: 6.34–373.38, $p < .001$). Students with disturbances in self-organization (DSO) were at a considerably higher risk, with an OR of 38.28 (95% CI: 8.28–176.90, $p < .001$). Additionally, exposure to adverse childhood experiences (ACEs) in two or more domains was strongly associated with HMH, with an OR of 3.23 (95% CI: 1.79–5.81, $p < .001$). Emotional abuse (67.4% vs 34.6%, $p < .001$), emotional neglect (63.9% vs 42.5%, $p < .001$), and physical abuse (59.0% vs 32.2%, $p < .001$) were the most prevalent ACEs in the high-risk group.

Conclusions: These findings underscore the critical role of loneliness, anxiety, DSO, and ACEs in predicting mental health risks among South Korean college students.

262**Digital mental health interventions for adolescents in low- and middle-income countries: a review of empirical evidence**

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Track: Intervention Research & Clinical Studies

Background: Adolescents aged 12 to 18, particularly in low- and middle-income countries (LMICs), face heightened exposure to stressors that often evolve into traumatic stress. These stressors, ranging from economic hardship and social instability to academic pressures, can profoundly impact mental health. Digital mental health interventions (DMHIs) represent an innovative, scalable approach to addressing these challenges, yet evidence of their outcomes, particularly in LMICs, remains limited.

Objective: This review evaluates the effectiveness of DMHIs in improving mental health outcomes, including anxiety, depression, and resilience, for adolescents exposed to stressors. It aims to identify critical gaps in research, particularly for interventions addressing traumatic stress in LMICs, with specific focus on Africa.

Method: A literature review was conducted across PubMed, PsycINFO, and Scopus, focusing on quantitative studies published in the past decade. Eligible studies evaluated DMHIs targeting mental health outcomes for adolescents aged 12 to 18 exposed to stressors, with emphasis on outcomes and cultural relevance.

Results: Preliminary findings suggest that interactive DMHIs, such as Shamiri-Digital in Kenya and Kuamsha in South Africa and Uganda significantly reduced depressive symptoms, particularly when integrating gamified features and personalized feedback. However, gaps persist in addressing long-term efficacy and cultural tailoring for diverse adolescent populations.

Conclusions: DMHIs hold significant potential in alleviating traumatic stress and enhancing resilience among adolescents in LMICs. To maximize impact, future research must focus on culturally adapted, scalable interventions with robust evaluations of long-term outcomes. These insights inform the development of tailored, trauma-sensitive DMHIs for adolescents navigating complex stressors.

264**Somatic symptoms in trauma-exposed North Korean defectors: prevalence, correlates, and implications**

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Track: Trauma Across the Lifespan

Background: North Korean defectors (N KDs), a predominantly trauma-exposed population, are at high risk for somatic symptoms. If unrecognized and untreated, somatic symptoms can profoundly impact physical, mental, and psychosocial health. Thus, it is crucial to understand and address somatic symptoms in N KD population.

Objective: This study aimed to examine the prevalence of somatic symptoms and identify and quantify their correlates among trauma-exposed N KDs.

Method: We analysed cross-sectional secondary data of 449 trauma-exposed N KDs in South Korea. Participants completed a survey assessing somatic symptoms, trauma-related (trauma exposure, posttraumatic stress symptoms), health-related (quality of life, physical activity), and social (loneliness, perceived discrimination) characteristics.

Results: Overall, 9.8% of N KDs reported moderate-to-severe somatic symptoms, with a mean symptom score of 10.0 ($SD = 6.9$; range = 0–30). Multiple linear regression and relative importance analyses revealed that lower quality of life ($\beta = -0.26$, $p < .001$; 23.5% relative variance explained [RVE]) and greater loneliness ($\beta = 0.22$, $p < .001$; 22.8% RVE) were the strongest correlates of somatic symptoms. Additional significant factors included older age, greater level of perceived discrimination, complex PTSD diagnosis, and female sex.

Conclusions: These findings highlight that quality of life and social connectedness are closely linked to lower somatic symptoms among N KDs. Further research is warranted to develop and test culturally sensitive interventions leveraging these modifiable factors to reduce somatic symptoms and comorbid health outcomes in this population.

267**Meaning-making processes among women who experienced continuous sexual abuse during childhood**Merav Dadia-Molad^{1,2}¹Bar Ilan University, Ramat Gan, Israel; ²Schusterman Family Philanthropies- Israel, Jerusalem, Israel