

EPV1649

Is Emotion recognition processing across menstrual cycle and a history of Postpartum Depression potential risk factors for Premenstrual Dysphonic Disorder?

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Introduction: Many women during the different phases of the menstrual cycle experience significant emotional and cognitive changes; for some, these changes can affect their everyday living. Premenstrual Dysphonic Disorder (PMDD) is a health problem that affects up to 5% of women of childbearing age. The exact cause is unknown; still, hormonal changes throughout the menstrual cycle may play a role. Women with a family history of Postpartum Depression (PPD) may be at increased risk.

Objectives: The purpose was to examine if Emotion recognition processing across menstrual cycle and a history of PPD are potential risk factors for PMDD.

Methods: We identified 34 women with a history of PPD and contacted their daughters to explain the purpose of our study. Of those meeting the criteria to participate, 38 volunteered (aged 18-30 y.o., right handed, educational level >9 y., regular cycle duration). The Emotion Recognition Task (ERT) was administered in the luteal and the follicular phase. Women found to present significant differences in emotion recognition depending on the estradiol and progesterone levels were clinically interviewed (DSM-V).

Results: Of the 16 women who have showed significant differences across the two phases of the menstrual cycle, 7 were diagnosed with PMDD (43,7%). Among the ones who have not presented differences (22), only 2 received a diagnosis of PMDD (9%).

Conclusions: This study shows that Emotion recognition processing across menstrual cycle and a history of PPD may predict which women could be at risk for PMDD, playing, therefore a key role in PMDD early diagnosis.

Disclosure: No significant relationships.

Keywords: PMDD; PPD; ERT

EPV1647

Gender Matters: the Need for a New Approach to Psychopathology

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Introduction: Treatment of mental problems is based on classification categories. Yet most patients display far more complex problems than described in those categories. In child psychiatry boys are overrepresented whereas in adults women are in the majority when it comes to mental health problems. This raises

the question whether gender and diversity shouldn't be taken more into account in order to come to better classifications and understanding of developmental psychopathology

Objectives: To look into the influences of gender, genetics, stress, child rearing and social determinants on the development of psychopathology

Methods: A literature search was performed with genetics, gender, stress and social determinants as keywords was in order to question the specificity and validity of current categories of psychopathology.

Results: The search yielded 26 articles. Interestingly this supports the hypothesis that the focus on phenotypical classifications is misleading and that gender plays an important role in the expression of endophenotypes (psychophysiological and neuropsychological). Moreover in many cases gender is not taken into account enough in studies and that gender biased conclusions (when the research has included more men than women for different reasons) are extrapolated to easily to the other sex, assuming that the outcomes are universal

Conclusions: The categorical approach to psychopathology has stimulated research in a very productive fashion. Yet now we should think beyond categories in mental health and have the courage to adapt our clinical practice to endophenotypes taking into account the permanent interaction between individual and environment. Which implies a more gender specific approach to (psycho)pathology

Disclosure: No significant relationships.

Keywords: Epigenetic's; Social Determinants; gender; classification

EPV1649

Bipolar disorder and maternity

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Introduction: Bipolar disorder can be a severe psychiatric disorder. The combined prevalence of bipolar I, bipolar II, and unspecified bipolar disorders according to DSM-IV is 1.8%. Mean age at first affective episode has been estimated to 20 years among out-patients in the United States (2).

Objectives: We present the case of a 40-year-old patient, diagnosed with type I bipolar disorder. In her story, multiple admissions are recorded for both manic and depressive episodes. The patient showed a desire to be a mother and multiple therapeutic interventions were performed, de-escalation of stabilizers until she was withdrawn, which triggered generally manic episodes that required hospital admission.

Methods: Given the controversy in the decision to maintain or not drug treatment during pregnancy and the lack of clear criteria, in this case it was decided to try to gradually withdraw the treatment, which triggered several serious relapses. It was then decided to

maintain the treatment at lower doses than usual or complete withdrawal, which in all cases precipitated relapses. Finally the patient reconsidered her wishes and abandoned the possibility of pregnancy.

Results: Bipolar I Disorder

Conclusions: Although most studies have found similar lifetime prevalence rates of bipolar disorder between men and women, gender differences may be evident in the impact of reproductive life events on affected women. In addition to the controversy regarding the decision to maintain or not treatment during pregnancy, there is also the certainty that childbirth can be the specific trigger for a manic or hypomanic episode.

Disclosure: No significant relationships.

Keywords: Pregnancy; bipolar disorder; woman and mental health; maternity

EPV1650

Denial of pregnancy: a review

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Introduction: Denial of pregnancy is a condition that the pregnant woman is not aware that she is pregnant. It appears in one in every five hundred pregnancies, approximately. Women who present denial of pregnancy do not usually present comorbidity with another psychiatric pathology, although dependent personality traits, low self-esteem, loneliness and poor communication with the partner have been described as features among patients.

Objectives: The objective of this work is to present the current information on the denial of pregnancy.

Methods: A review about denial of pregnancy.

Results: Denial of pregnancy can be classified as psychotic denial (the woman may misinterpret the symptoms and physical changes of pregnancy, usually in strange ways. These people do not hide their pregnancy and those around them are often aware of the situation) or non-psychotic (the patient has the judgment of reality preserved). Non-psychotic denial can be affective: (the woman intellectually recognizes that she is pregnant but does not experience the emotional or behavioral changes that usually occur. This type of denial is related to feelings of detachment from the baby) or generalized (occurs when the woman not only does not suffer the emotional changes of pregnancy, but also does not know the existence of pregnancy itself. Weight gain, amenorrhea and other changes inherent to this state may not be present or be misinterpreted. It may be that neither the family nor the environment realizes the pregnancy and then there is a collective denial of the pregnancy.)

Conclusions: Research and prevention of perinatal pathology should be a priority.

Disclosure: No significant relationships.

Keywords: Pregnancy; denial

EPV1651

Postpartum psychosis treatment: review of mother-baby units

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Introduction: Postpartum Psychosis is an underdiagnosed psychiatric condition that may be suffered by mothers within a year since delivery. It is a severe syndrome in which symptoms such as delusions, hallucinations and disorganized thinking may appear. The traditional approach of admitting the mothers separated from their children has shown harmful consequences. This has led to the creation of Mother-Baby Units (MBU), psychiatric admission units dedicated to full-time housing mothers and their babies.

Objectives: To evaluate the evidence available regarding the potential benefits of MBU not only for the mothers, the babies, but for the mother-baby bond. To analyse postpartum psychosis risk factors and prognosis.

Methods: A thorough review of scientific literature and databases regarding postpartum psychosis and MBU has been carried out. Additionally, international mental health care guidelines for perinatal mental disorders were analysed.

Results: A wide range of related aspects were studied for the present work, including characteristics of the patients, differences in the self-assessment scales of depression, anxiety, postpartum attachment of the mother to the baby at admission and at discharge and the work and social adaptation. Other studies analysed the percentage of mother-baby separation at discharge, as well as the most frequent delusions, and the potential effect of childhood trauma on these patients.

Conclusions: The available evidence suggest that MBU may be helpful for the improvement of the mental health in women suffering perinatal mental disorders and for the building of a secure attachment style in the baby. The results of the interventions included in MBU programs also show promotion of a positive mother-baby relationship.

Disclosure: No significant relationships.

Keywords: Perinatal psychiatric disorders; Epidemiology; PSYCHOTIC DISORDERS; mental health policies

EPV1653

Rates of Post-Partum Psychosis in women with risk factors cared for by a specialist community perinatal mental health service in London

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Introduction: Community Perinatal Mental Health Services (CPMHS) have been established in the UK, however, there is limited research around their real-world effectiveness. Post-Partum Psychosis