Results: Out of 58 618 women with PPD (mean age 30.8, SD 5.3), 4 933 (8.5%) occurred treatment resistance. Younger age (<20 vs. 25-29y: risk ratio (RR) 1.28, 95% CI 1.07-1.52), lower educational level (<9 vs. >12y: 1.52, 1.39-1.67), lower family income level (lowest 20% vs. top 20%: 1.28, 1.16-1.40), smoking at early pregnancy (≥10 cigarettes/day vs. no smoking: 1.39, 1.19-1.62), prior physical comorbidities (Charlson comorbidity index ≥2 vs. 0: 1.40, 1.18-1.65), prior psychiatric disorders (RRs for specific types range: 1.54-6.04) were significantly associated with treatment resistance. In contrast, non-primiparous patients had a reduced risk of treatment resistance (vs. primiparous women, RRs for 2 parities: 0.74, 0.69-0.79; ≥3 parities: 0.87, 0.80-0.95). Maternal body mass index, snuff use, delivery method, pregnancy outcomes, and hypertensive or diabetic disorders did not predict treatment resistance.

Conclusions: Treatment resistance in women with PD is common and is notably associated with specific demographic and clinical profiles. These findings highlight the need for personalized management strategies, particularly for identified high-risk groups.

Disclosure of Interest: None Declared

psychopharmacology, child and geriatric psychiatry, and gender-based violence (GBV) management. These gaps, identified via surveys and focus groups, reflected a lack of confidence in applying modern protocols and navigating legal aspects. There was a strong call for continuous professional development, especially through structured training in underserved regions. Inadequate training negatively affected the quality of care, particularly in GBV cases, though professionals were eager to improve their skills despite regional disparities in resources. The findings underscore the need for targeted training and better resource allocation.

Conclusions: The study concluded that mental health professionals in Moldova face significant knowledge gaps, particularly in psychopharmacology, child and geriatric psychiatry, and managing gender-based violence (GBV). These gaps, along with insufficient training, negatively impact care quality, especially for GBV cases. Despite motivation to improve, professionals face challenges like limited access to updated training and regional disparities in resources, highlighting the need for structured, continuous training and equitable resource distribution to improve mental health services nationwide.

Disclosure of Interest: None Declared

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Bridging the gap in mental health knowledge and gender-based violence interventions: findings from a mixed-methods study in Moldova

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Introduction: This study examines the intersection of mental health services and gender-based violence (GBV) in Moldova, identifying knowledge gaps and assessing service capacity through a mixed-methods approach, including focus groups and a national KAP survey. The findings highlight the urgent need for specialized training and evidence-based interventions to improve mental health outcomes and GBV responses.

Objectives: The study aimed to develop targeted interventions and training programs to enhance the capacity of mental health professionals in Moldova to address mental health challenges and gender-based violence (GBV) by identifying knowledge gaps, assessing practices, and providing actionable insights for improved service delivery and outcomes.

Methods: The study used a mixed-methods design, combining quantitative surveys and qualitative focus groups to assess knowledge gaps and training needs among mental health professionals in Moldova. A cross-sectional survey gathered quantitative data on perceptions of knowledge gaps, confidence, and training needs from a representative sample of professionals, including CCSM coordinators. Focus group discussions, held on the same day, provided qualitative insights into their challenges and suggestions for service improvement. This approach offered both breadth and depth, leading to evidence-based recommendations for addressing the identified gaps in knowledge and training.

Results: The study uncovered major knowledge gaps among mental health professionals in Moldova, particularly in

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Prevention and treatment of psychosis in pregnant and/or postpartum women with known psychiatric illness – the state of the art of clinical practice guidelines

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Introduction: Motherhood represents a challenge for all women, but it's even more complex for those suffering from serious psychiatric illnesses such as Bipolar Disorder, Schizophrenia and Schizoaffective Disorder. The treatment of these women requires special care during the preconception, prenatal and postnatal phases, taking into account the risk of decompensation, the psychosocial factors involved and the difficult balance between the potential harm to the foetus and/or infant and the risks associated with not treating the mother. With the scarcity of randomised clinical trials and limited evidence, clinical practice guidelines become essential to determine the best therapeutic approaches to adopt.

Objectives: To systematise the best evidence of care for pregnant and/or postpartum women with a history of psychotic illness.

Methods: Systematic literature review.

Results: Mental health management in women with severe psychiatric illness who want to become pregnant should involve shared decision-making and multidisciplinary counselling. In women of childbearing age who are diagnosed with such conditions, adequate awareness of the illness and the need for family planning is the first step towards effective and safe long-term treatment. In the prenatal period, it's essential to monitor early signs of relapse, to psychoeducate about the need to stop comorbid consumption and to carry