

baby units could help prevent unnecessary separations, promote bonding, and provide opportunities for early parenting interventions.

Disclosure of Interest: None Declared

EPV2033

Mental health approach to premenstrual dysphoric syndrome: case series

A. Izquierdo De La Puente^{1*}, P. Del Sol Calderon¹
and R. Fernandez Fernandez²

¹Psiquiatria, Hospital Universitario Puerta de Hierro de Majadahonda and ²Psiquiatria, Hospital Universitario Infanta Cristina, Madrid, Spain

*Corresponding author.

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Introduction: Six clinical cases of patients with premenstrual dysphoric syndrome treated in Mental Health with SSRIs are presented.

Objectives: The aim is to briefly review the pharmacological approach to premenstrual dysphoric syndrome through the presentation of a series of cases.

Methods: Six cases of female patients are presented, with a mean age of 35.4 years, two of whom were nulliparous. All of them had no history of mental health problems. They had regular cycles and had no relevant medical or gynecological history. They reported that for the last three years they had been more irritable, emotionally labile, feeling apathetic and sad, with difficulties in concentration and a feeling of loss of self-control, which made interpersonal relationships difficult, especially at work.

The patients denied that they had previously experienced these symptoms throughout their lives.

Analyses were carried out, with estrogen and progesterone levels, without obtaining significant alterations.

The MADRS and HAMILTON scales were administered to all of them on the 14th day of the cycle, as well as on the 5th day of the cycle. A mean of 9.2 was obtained on the MADRS on the 5th day of the cycle, compared to 15.6 on the 14th day, while the HAMILTON obtained a score of null-mild anxiety on the 5th day and moderate anxiety on the 14th day.

Results: After this comparison, treatment with fluoxetine at a dose of 20mg DMD was started only from the day of ovulation to menstruation, withdrawing this treatment for the rest of the cycle. Again, both scales were compared and the results obtained were more similar on the 5th and 14th day of the cycle.

Conclusions: To avoid hormonal treatment and thus the moderate side effects it presents, premenstrual dysphoric syndrome can be treated by taking SSRIs at low doses, only for 15 days of the cycle.

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Subjective anxiety and depression in a sample of pregnant women with panic disorder

I. Kamenova Ilieva^{1*} and R. Vladimirova¹

¹Psychiatry and Medical Psychology, Medical University Sofia, Sofia, Bulgaria

*Corresponding author.

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Introduction: Panic disorder and depression during pregnancy are significant mental health concerns that can adversely affect both maternal and fetal well-being. Prompt recognition and management of these conditions through early screening are essential, not only for maternal health but also for the neuropsychological development of the child.

Objectives: This study aims to assess anxiety and depression in pregnant women diagnosed with panic disorder, utilizing both objective and subjective measurement tools while integrating patient perspectives.

Methods: The study included pregnant women with a confirmed diagnosis of panic disorder, evaluated in an outpatient setting (N=40). The participants were divided into three groups: (1) those with panic disorder (42.5%), (2) panic disorder with agoraphobia (20.0%), and (3) panic disorder with depression (37.5%). Objective measures such as the Hamilton Depression Rating Scale (HAM-D) and the Hamilton Anxiety Rating Scale (HAM-A) were used, along with self-reported scales, including the Hospital Anxiety and Depression Scale (HADS-A/HADS-D). Statistical methods, including descriptive analyses, the Student's t-test, One-way ANOVA, and multiple linear regression, were employed. Ethical approval was obtained for the study.

Results: Most participants were in their first pregnancy (77.5%) and had no prior psychiatric history (75%). Depression scores, measured by HADS-D ($F(2, 37) = 6.05, p = .005, \omega = .20$) and HAM-D ($F(2, 37) = 5.71, p = .007, \omega = .19$), were significantly higher in patients with depression compared to those with panic disorder, with or without agoraphobia. Higher gestational age was also associated with increased self-reported depression ($p = .002, R^2 = .324, F(6) = 2.632, p = .034$). Anxiety, as measured by the HADS-A scale, was significantly higher in the panic disorder group ($F(2, 37) = 71.12, p < .01, \omega = .78$) than in the agoraphobia and depression groups. No significant differences were found between the groups on the HAM-A scale ($p > .05$).

Conclusions: Proper identification of anxiety and depression during pregnancy is essential, as these conditions can negatively affect maternal functioning and quality of life. Moreover, they may hinder the mother's ability to care for her infant postnatally. Utilizing both objective and subjective tools to assess anxiety and depression can improve diagnostic accuracy. Recognizing depression as a distinct domain in cases of anxiety disorder during pregnancy is also crucial for targeted intervention.

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EPV2038

Assessing Personality Traits in Transfemales: A Comparative Analysis with Gender-Affirming Males and Females Using a Binary Logistic Regression Model

N. Konstantinovs¹

¹First Medical Faculty, Charles University, Prague, Czech Republic
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Introduction: Transgender healthcare has increasingly gained importance, particularly in understanding how individuals align with their affirmed gender in various physiological and sociological aspects. Transfemales, individuals assigned male at birth who transition to female, represent a group that is less studied in gender research. There remains uncertainty regarding the degree of similarity transfemales exhibit to cisgender males or females post-transition. This study aims to address this by using a binary logistic regression model to compare transfemales with gender-affirming males and females.

Objectives: The primary objective of this study is to determine whether transfemales are more similar to gender-affirming males or gender-affirming females. Using a binary logistic regression model previously validated on a cohort of transmales, we aim to categorize transfemales based on personality traits.

Methods: A binary logistic regression model, initially developed to distinguish between gender-affirming males and females, was applied to a dataset that included transfemales. The model was trained using characteristics of cisgender males, females and transgender participants. The dataset included 108 gender-affirming males, 260 gender-affirming females, 142 transmales and 20 transfemales, ages 15-25, from Europe. The primary outcome was the classification of transfemales into the male or female categories according to personality trait assessment, using the regression function trained on the gender-affirming cohort.

Results: The binary logistic regression model categorized the vast majority of transfemales as females, with a classification accuracy close to that of gender-affirming females being categorized as female. Specifically, 85% of transfemales were classified as female, which is slightly lower than the 93% classification accuracy for gender-affirming females but significantly higher than the 34% classification accuracy for gender-affirming males being categorized as female. Detailed results are presented in the attached table.

Group	Number of Participants	Classified as Female (%)
Gender-Affirming Males	37	34%
Gender-Affirming Females	242	93%
Transfemales	20	85%

Conclusions: The results suggest that transfemales are more similar to gender-affirming females than to gender-affirming males in their personality traits based on the binary logistic regression model. However, caution must be exercised when interpreting these findings due to the limited sample size of transfemales ($n = 20$). Furthermore, the predictive accuracy of the model was modest, highlighting the need for further research with larger and more diverse datasets. These findings contribute to the understanding of gender identity and its alignment with personality traits, yet emphasize the complexity of such classifications in transgender populations.

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EPV2041

PROMP study: Effects of antidepressants during pregnancy, a retrospective cohort (2006-2018)

A. Kurtz^{1,2*}, A. M. Kamperman², M. Sielk¹ and H. Bijma³

¹Psychiatry, Emergis regional mental health center, Goes; ²Psychiatry and ³Obstetrics and Gynaecology, Division of Obstetrics and Fetal Medicine, Erasmus University Medical Center, Rotterdam, Netherlands

*Corresponding author.

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Introduction: Limited research has been done regarding antidepressant use during pregnancy. Current insights show that a higher daily-dose equivalent of maternal SRI during pregnancy is associated with lower birthweight. Additionally, also large-scale registry studies show that prenatal antidepressant exposure is associated with small decreases of pregnancy duration and birthweight, and a higher risk for preterm birth, decreased birthweight, neonatal hospitalization and postnatal neonatal withdrawal symptoms. In these studies, no differences were found regarding PPHN (Persistent Pulmonary Hypertension of the Newborn) and congenital abnormalities. Thus far, research has been done on a general population level. This study is aimed at a specific high risk population group, which makes this study much more relevant for clinical practice.

Objectives: Gain insight into the effects of antidepressants during pregnancy and how they are prescribed. Specifically, the effects on birthweight and pregnancy duration, and whether the antidepressants are prescribed according to the daily-dose equivalent and are prescribed on-label.

Methods: This is a retrospective clinical cohort consisting of women who between 2006 and 2018 gave birth in the Erasmus MC University Hospital, because of a medical or psychiatric referral. All women were treated by the multidisciplinary pregnancy and psychiatry outpatient clinic in the Erasmus MC, were diagnosed with a DSM diagnosis, and for this specific study were selected for antidepressant use. Birth weights were categorized against the Dutch Perined birth registry. We estimated the association of pregnancy duration with the daily-dose equivalent.

Results: Of the 1372 births from mothers with a DSM diagnosis, 323 unique births were selected for antidepressant use during pregnancy. No effects were found regarding birthweight and pregnancy duration. There was a non-significant effect on birthweight: Kruskal-Wallis test statistic (3): 0.962, with a p-value of 0.810. And a non-significant effect on pregnancy duration using linear regression: standardized beta: -0.028, with a p-value of 0.654. The antidepressants, which included SSRIs, SNRIs, and TCAs, were described off-label in 26% of the cases. As a whole, the antidepressants were prescribed lower than the daily-dose equivalent, with a total average of 0.69.

Conclusions: The fact that no effects were found on the use of antidepressants in women with a DSM-diagnosis on birthweight and pregnancy duration, is a reassuring finding. Certainly when taking into account the previous studies, that showed lower birthweights and higher risk for pre-term birth when using antidepressants during pregnancy. This might affect how antidepressants will be prescribed for pregnant women in the future. It is however remarkable, that antidepressants aren't always prescribed on-label, and not always according to the recommended daily-dose.

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