

body satisfaction and comparison event was less than 2 hours, but this pattern reversed as the time lag between state level predictor and outcome increased beyond 2 hours ( $R^2 = .09$  vs.  $R^2 = .12$ ).

**Conclusions** Present findings suggest that bolstering one's body satisfaction in the moment may be as clinically important as reducing a client's interest in the thin ideal for alleviating occurrence of unhealthy body comparisons.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1359

### Post-partum psychosis

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**Introduction** Postpartum psychosis (or puerperal psychosis) is a term that covers a group of mental illnesses with the sudden onset of psychotic symptoms following childbirth. A typical example occurs when after childbirth, a woman becomes irritable, has extreme mood swings and hallucinations with the possibility of needing psychiatric hospitalization. Often, out of fear of stigma or misunderstanding, women hide their condition.

**Aims and objectives** To review the evidence regarding prophylactic treatment and acute management of postpartum psychosis and affective disorders in the puerperium.

**Methods** Online search/review of the literature has been carried out, using Medline/Pubmed, concerning "postpartum psychosis", "postpartum", "mental disorders", "mania" and "depression".

**Results** Postpartum psychosis is a rare and severe psychiatric condition requiring rapid restoration of health in view of significant risks to both mother and the infant. The known risk factors and negative consequences of postpartum psychosis point to the importance of preventive and acute treatment measures. The majority of patients who develop psychosis immediately following childbirth suffer from bipolar disorder.

**Conclusions** Understanding the relationship between postpartum psychosis and affective disorders has implications for perinatal and long-term treatment. The rapid and accurate diagnosis of postpartum psychosis is essential to expedite appropriate treatment.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EV1360

### Pregnant patients admitted to an inpatient psychiatric unit: An 18-months' experience

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**Objective** Our aim was to describe demographic data of pregnant patients admitted to an inpatient psychiatric unit and analyze treatment preferences for acutely ill pregnant patients.

**Methods** A prospective chart review was carried out to identify pregnant patients who admitted to the inpatient unit during the period April 2014–September 2015. Details regarding their

sociodemographic, clinical, and treatment data were obtained from these records for the study.

**Results** The total number of pregnant patients, admitted to our psychiatry inpatient clinic during the survey period was 15. The mean age of the patients was 30.33 (with a range of 21–38 years). Two thirds of the patients were hospitalized in the 1st trimester. Bipolar disorder (46.6%) was the most common diagnosis, followed by psychotic disorder (33%), and unipolar severe depression (20%). Eleven patients (67%) out of 15 had a psychiatric illness before getting pregnant. It was found that premenstrual syndrome was reported by 60% of patients. Haloperidol was the most frequently used psychotropic drug for the treatment of psychotic disorders and bipolar manic episodes.

**Conclusion** The information regarding the course of bipolar disorder in pregnancy is controversial. While some studies support the opinion that pregnancy appeared to have a protective effect against an increase in symptoms, others stress that the risk for relapse in the pregnancy period is high. It is noteworthy that the majority of our patients are bipolar patients in the 1st trimester. The abrupt cease of mood stabilizer use may lead to recurrence in bipolar disorder.

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#### EV1361

### The role of mindfulness in lifetime history of depression: A study in Portuguese pregnant women

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**Introduction** Despite the empirical support for the effects of mindfulness based interventions for recurrent depression (Velden et al., 2015), the literature on the relation between Mindfulness and Lifetime History of Depression/LTHD are scarce.

**Objective** To compare Mindfulness levels between women with vs. without LTHD and to analyze if mindfulness dimensions are significant predictors of LTHD.

**Methods** One hundred and twenty-seven pregnant women (mean age:  $32.56 \pm 4.785$  years) in their second trimester of pregnancy ( $17.34 \pm 4.790$  weeks of gestation) completed: Facets of Mindfulness Questionnaire-10 (FMQ10; Azevedo et al. 2015) assessing the dimensions non-judgement of inner experience/NJ, Act with awareness/AA and observe and describe/OD; a new self-report questionnaire developed to evaluate the presence of LTHD, with several "Yes/No" questions, based on DSM-5 criteria for depression.

**Results** Ninety-seven (23.0%) women had LTHD. Bisserial Spearman correlations between LTHD and FMQ scores were significant, negative and moderate ( $> .30, P < .01$ ); only OD did not significantly correlated with LTHD. Independent sample *T*-test revealed that women with vs. without LTHD had significantly higher levels of total FMQ-10, NJ and AA (all  $P < .001$ ). Logistic regression analysis showed that the model containing FMQ-10 explained 12.7–18.8% of the LTHD variance and correctly classified 77.9%; the OR was of 1.19 (95% CI .801–.886; Wald = 44.504;  $P < .001$ ). The model composed by NJ and AA explained 15.5–23% and correctly classified 76.5%. NJ OR was of 1.23 (CI .734–.884; Wald = 20.806;  $P < .001$ ) and AA OR was of 1.41 (CI .708–.903; Wald = 13.004;  $P < .001$ ).