

movement desensitization and reprocessing (EMDR). In the current case series, effectiveness of EMDR on three PCBD patients will be indicated. Three patients applied to the clinic with similar complaints based on different traumatic backgrounds; commonly, all experienced death of a first-degree relative. Complaints of the patients were over-thinking about the deceased, sleep disturbances, self-blaming, social isolation, avoiding talks about lost relative, and loss of interest in activities. After pre-interviews, they were advised EMDR therapy. One session of EMDR was applied to two of the patients, and two EMDR sessions were conducted on one of them. After the sessions, the patients reported not feeling guilty about the loss anymore, returning their normal routines, feeling better, and showing decreased avoidance. Additionally, the scores of scales (CAPS, BAI, BDI, and IES-R) significantly declined. EMDR therapy can show successful results in a shorter time than other treatment ways used for PCBD treatment [1].

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

Reference

Reference

- [1] Solomon RM, Rando TA. Utilization of EMDR in the treatment of grief and mourning. *J EMDR Pract Res* 2007;1(2):109–17, <http://dx.doi.org/10.1891/1933-3196.1.2.109>.

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EW0744

Confirmatory factor analysis of the perinatal depression screening scale-24

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Introduction Pereira et al. (2013) adapted to the antenatal period and validated a shorter version of the original 35-items Postpartum Depression Screening Scale (PDSS [1]), composed of 24 items, selected from the exploratory factor analysis matrix. In their study, the researchers considered this version a useful alternative to evaluate depressive symptoms in pregnancy, taking into account its reliability, concurrent validity and satisfactory combinations of sensitivity and specificity to screen for antenatal depression.

Aim To confirm the four dimensions' structure of the PDSS-24 using confirmatory factor analysis.

Methods 616 women (mean age: 32.29 ± 4.466) in the second trimester of pregnancy (mean weeks of gestation = 17.13 ± 4.929), with uncomplicated pregnancies, completed the PDSS-24 while waiting for their routine prenatal consultation at local health medical centers.

Results The 4-dimensional model of PDSS-24 presented good fit ($\chi^2_{[242]} = 893,275$; RMSEA = 0.067, CFI = 0.934, TLI = 0.94, PGFI = 0.717; $P < .001$). The PDSS-24 Cronbach's alpha was $\alpha = 0.90$; all factors presented good/excellent reliability: Derealization and failure ($\alpha = 0.87$); Concentration difficulties and anxiety ($\alpha = 0.81$); Suicidal ideation ($\alpha = 0.94$), and sleeping difficulties ($\alpha = 0.89$).

Conclusion This further validation study emphasizes that PDSS-24 is an adequate measure of antenatal depressive symptoms. To better distinguish it from the version to use in the postpartum (PDSS-21 [2]), from now on, we will denominate it perinatal depression screening scale-24.

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

References

- [1] Beck CT, Gable RK. Postpartum depression screening scale manual. Los Angeles: Western Psychological Services; 2002.
[2] Pereira AT, Bos S, Marques M, Maia B, Soares M, Valente J, et al. Short forms of the postpartum depression screening scale: as accurate as the original form. *Arch Women Ment Health* 2013;16(1):67–77, <http://dx.doi.org/10.1007/s00737-012-0319-6>.

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EW0745

The effectiveness of first-time-mother parent education for infant interaction and sense of parenting competence during the first year in Taiwan

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Background When new mothers do not understand how to interact with their newborn babies, they would increase anxiety, even decrease the quality of parent-infant interactions. Previous studies indicate that the postpartum parenting education for first-time-mothers can improve the quality of mother-infant interactions in first two months. This study aimed to evaluate the long-term effectiveness of parenting education for postpartum women during the first year.

Methods The study recruited 81 healthy first-time-mother infant dyads from the medical center in Taipei city. The experimental and control groups received extra education by way of a 40-minute videotape and normal postpartum care, respectively. Data from around first week (T1), followed by the third (T2), sixth (T3), ninth (T4), and twelfth (T5) month postpartum are collected. Assessment scales such as the Edinburgh perinatal depression scale (EPDS), the Chinese version of the parenting sense of competence scale (C-PSOC), and the Nursing child assessment teaching scale (NCATS) used for videotaped mother-infant interactions measurement were used in the study.

Results The analytical results show that the quality of mother-infant interaction increased at T2, T3, T4, and T5 in the experimental group (Fig. 1). No different change in maternal sense of competency was found in the experimental and control groups from T1 to T4. However, a positive change in sense of parenting competency at T5 was found in the experimental group (Fig. 2). No difference in postpartum depression was found between the two groups (Fig. 3).

Conclusions The first-time-mothers parent education has long-term effectiveness in the mother-infant dyad interaction quality.

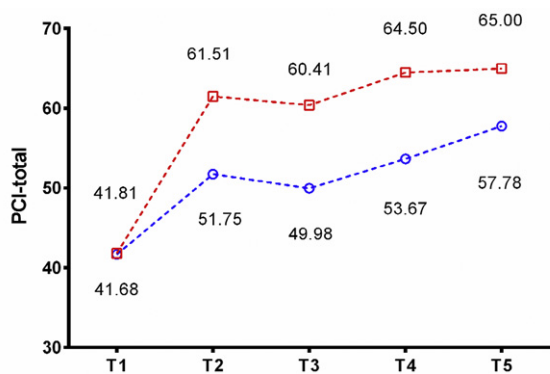


Fig. 1

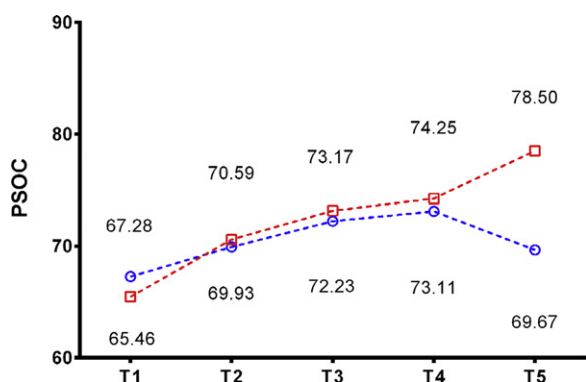


Fig. 2

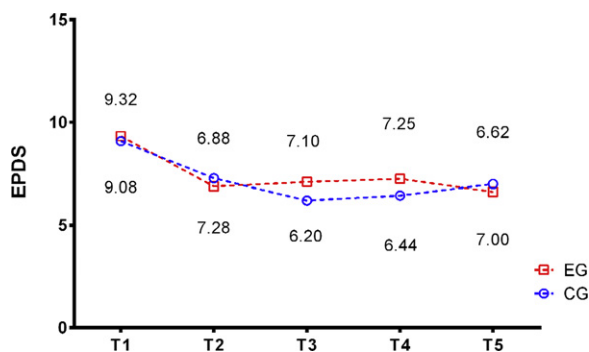


Fig. 3

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EW0746

Prevalence and risk factors of postpartum depression

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Introduction Childbirth represents for women a time of vulnerability to postpartum mood disorders. These disorders range in severity from the early maternal blues to postpartum psychosis. Along this spectrum is postpartum depression (PPD) that may have many risk factors.

Objectives The study aims to examine the prevalence of PPD and associated risk factors among a sample of Tunisian women receiving cares in the hospital of Sfax.

Methods This is a descriptive cross-sectional study regarding 150 parturients examined during the first and the sixth week post-delivery. The EPDS (Edinburgh postnatal depression scale) was used to assess PPD.

Results The total sample had a mean age of 29.61 years. During the sixth week study period, 126 of 150 were examined. Almost all of the women have a low school level (82.7%). Only 9.3% had a personal psychiatric history. Multiparity was found in 43.3% of cases. The current pregnancy was undesired in 15.3% of cases. Sympathetic signs of pregnancy were reported by 64.7% of women. The prevalence of PPD in the first week was 14.7% and 19.8% in the sixth week after delivery. The PPD was associated with the maternal age (> 35 years), the low school level, the existence of mood personal background, the parity, the difficulty to accept the pregnancy and sympathetic signs of pregnancy.

Conclusion Postpartum depression is common on our sample. Identifying risk factors of PPD allows clinicians to detect subgroups of women with an increased vulnerability who might receive early psychiatric care.

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EW0747

The impact of harassment and discrimination on the mental health of lesbian, gay and bisexual people

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Introduction Despite growing acceptance of same-sex sexuality in the Western World, identity development of lesbian, gay and bisexual (LGB) individuals is still restricted by negative societal attitudes, which maintain the experience of stigmatization and discrimination.

Objectives The purpose of this study was to document the frequency of discriminatory events experienced by sexual minorities and their association with indicators of mental health in a Portuguese self-identified LGB sample.

Aims To determine the association of harassment and discrimination with levels of mental health, and to establish a predictive relation between these variables.

Methods A total of 610 LGB participants completed an online survey (mean age = 34.48, SD = 11.54). Most participants were single and self-identified as gay (73.8%). The survey included the following categories of survey items: demographic information, mental health, and discrimination experiences. Mental health was measured using the subscale of Emotional Wellness from the SF-36 questionnaire and the K10 questionnaire.

Results Between one-fifth and one-fourth of the participants in this sample frequently felt the need to hide their sexual orientation to prevent discrimination experiences. Close to 20% reported having suffered from verbal abuse, followed by close to 10% who suffered from written threats, harassment, and physical threats. A hierarchical multiple regression analysis was performed to assess the effects of anticipated and actual discrimination on mental health. The analysis explained 17% of the overall variance.

Conclusions Stigma/discrimination create discriminatory experiences which impact LGB people's mental health.

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