

## EPV1681

## Tone of mood in new mother and attachment to her partner

I. S. Lancia<sup>1\*</sup>, G. M. Festa<sup>2,3</sup>, A. Attouchi<sup>3</sup>, F. De Pasquale<sup>3</sup>, M. Manganozzi<sup>3</sup>, M. Civino<sup>1</sup> and L. M. Colone<sup>1</sup>

<sup>1</sup>Interdisciplinary Institute of Advanced Clinical Training; <sup>2</sup>Pontifical Faculty of Educational Sciences «AUXILIUM» and <sup>3</sup>Interdisciplinary Institute of Advanced Clinical Training «IACI», Rome, Italy

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2146

**Introduction:** Mood in puerperium is a subject of great interest since it can undergo variations in such a significant period of a woman's life as motherhood. It is equally true that the presence of a partner with a secure attachment style can constitute a stable base for a woman to lean and to rely, while it is more likely to hypothesize cracks in mood in absence of effective support in the relational context.

**Objectives:** The aim of this research is to analyse the trend of puerperal mood in women in the period immediately following the delivery and after a few months. The study also examines the attachment styles of the partners of these women and the relationship between mood in women and the attachment of their partners.

**Methods:** The study was conducted on a sample of women and their partners.

The women were administered 2 administrations of the Edinburgh Peripartum Depression Scale (EPDS): the first within 24 hours of delivery and the second four months after delivery.

The Relationship Questionnaire (RQ) was administered to the male partners immediately after the event of delivery.

The data were analyzed from a statistical point of view, with analysis of variance (ANOVA) and post hoc tests.

**Results:** A 2-way ANOVA with repeated measures was performed using the different attachment styles as emerged from the RQ (secure attachment and insecure attachment) in the partner group as the independent variable and the EPDS scores in the 2 times (EPDS1, EPDS2) of the women themselves as the dependent variable. The ANOVA described the main effect of Time as significant ( $F(1, 14) = 5.79$ ;  $p < .05$ ). The post hoc (LSD - Least Significant Difference test) highlights how there is a significant decrease in the EPDS score of women in the before-after comparison ( $M = 8.71$  vs  $M = 4.93$ ;  $p = .005$ ) considering, as an independent variable, the secure attachment group of partners. While this decrease is not significant in the group of partners with insecure attachment.

**Conclusions:** The initial data of this study suggest that security in the attachment style of the partner can favor an increase in the mood of the woman after a delivery. In particular, the research data tend to highlight a significant improvement in the mood of women 4 months after giving birth. The proximity of a partner with secure attachment therefore seems to favor a good mood in the woman in puerperium.

**Disclosure of Interest:** None Declared

## EPV1678

## Wisdom psychotherapy in adjustment disorders. Results of a randomized controlled study

M. Linden

Department of Psychosomatic Medicine, Charité University Medicine Berlin, Berlin, Germany

doi: 10.1192/j.eurpsy.2025.2147

**Introduction:** Wisdom is a capacity which is needed to cope with difficult situations in life. Wisdom can be trained like other capacities. Wisdom psychotherapy has been developed as a method of cognitive behavior therapy to help patients who are stuck in negative life experiences, or confronted with unsolvable dilemmas.

**Objectives:** Test the efficacy of wisdom psychotherapy in patients with adjustment disorders.

**Methods:** patients with adjustment disorders ( $>18$  on the ADN8 scale) were randomly assigned to group wisdom therapy (WT:  $N=114$ ), or group behavioral activation therapy (BA:  $N=109$ ). Additionally a matched group of patients was build, which were not included in any study procedures but underwent routine treatment only (RT:  $N=114$ ). Wisdom was measured with the Multidimensional Wisdom Competency Scale (MWC15).

**Results:** There was an increase on the MWC15 of 5.3 in the wisdom group as compared to 0.4 in the activation group and 0.2 in the routine group. This is statically significant in the pre-post comparison and in the time/group interaction ( $F(4,42)$ ,  $p=0.13$ ). The ADN8 score, the SCL90 GSI, the BDI score decreased, with a trend for more side effects in the wisdom than the activity group.

**Conclusions:** The results confirm that wisdom psychotherapy can make a difference in the improvement of wisdom capacities. Wisdom therapy, different from other psychotherapies, does not aim at increasing hedonic or symptom free wellbeing but rather eudaimonic wellbeing in order to teach patients to live a decent and successful life.

**Disclosure of Interest:** None Declared

## EPV1681

## Evaluation of the Psychosocial Treatment of Psychosis

L. Mehl-Madrona<sup>1,2\*</sup> and B. Mainguy<sup>3</sup>

<sup>1</sup>Native Studies, University of Maine, Orono; <sup>2</sup>Psychiatry Residency, Northern Light Acadia and <sup>3</sup>Wabanaki Health and Wellness, Bangor, United States

\*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2148

**Introduction:** Some people with a diagnosis of psychosis wish to minimize or avoid medications. A literature exists that intensive psychosocial treatment can mitigate psychotic symptoms with little or no medication being used.

**Objectives:** We provided services to people who wishers to reduce or avoid medications within the context of a private psychiatric practice and wanted to assess their outcomes. We wondered what factors led to success.

**Methods:** We report on a series of 62 patients, age 18 years or older, who engaged in psychotherapy, medication, and lifestyle management over at least six months, aiming to minimize or eliminate medication. An additional 217 patients who consulted us did not continue for six months. An anonymous, matched comparison group of 62 patients of the same age, socioeconomic status, diagnosis, and severity of illness was generated from electronic health records at another clinic where LMM also worked. We used the Brief Psychiatric Rating Scale, the Positive and Negative Symptom Scale, the MADRS depression scales, and the Clinical Global