

EPP1079**Neurobiology and neuroimaging of the maternal brain**

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Introduction: The epidemiology of psychiatric disorders of the perinatal period and their mainly thymic dimension are now well established. However, the underlying physiopathology remains uncertain and poorly explored.

Objectives: The purpose of this presentation is to explore the current knowledge in terms of neurobiology/neuroimaging underlying the modifications in maternal brain functioning and the links with perinatal psychiatric disorders.

Methods: A narrative review of the current international literature was carried out.

Results: Results of the current studies suggest that during pregnancy and the postpartum period, hormones and sensory interactions with the offspring relate to complex structural and functional changes in the brain. This reproduction-related brain plasticity embraces various areas implicated in maternal caregiving, primarily regions involved in reward/motivation, salience/threat detection, emotional regulation, and social cognition such as the ability to empathize and infer the mental state of the baby. Some structural irregularities and differences in activation patterns potentially involved in the triggering of disorders are starting to be identified.

Conclusions: The survival of newborns is largely dependent on the mother, and her brain appears to have evolved to support mother-infant bonding and sensitive care. Brain research offers a growing scientific understanding of the neural correlates of these disorders and opens a window to their prevention and treatment.

Disclosure of Interest: None Declared

EPP1081**Is parity a protective factor in depression and IPV?**

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Introduction: IPV is a public health issue that is often linked to depression. Parity has often been mentioned as a protective factor against depression and suicide attempts. Despite this, parity in Latin America may not be related to positive outcomes for victims suffering from IPV as the stress of taking care of the children can result in a burden and worsen the symptoms of depression for the victim.

Objectives: Determine the impact of Parity in victims suffering from IPV and Depression.

Methods: A descriptive observational study was conducted, at the main Gender Violence Prosecutor's office: Florida, Guayaquil-Ecuador. UCSG pre-medical students collected the information using Beck test for Depression. The total sample was 239:

195 women, 44 men. It was classified by groups, gender, marital status, children and severity of depression.

Results: The data analyzed showed a higher percentage of Depression from IPV when parity is present.

Severe Depression: Women with children 57 (29%), 8 men with children (18%). Women without children 22 (11%), men without children 6 (14%).

Moderate depression: Women with children 28 (14%), 4 men with children (9%). Women without children 5 (3%), men without children 2 (5%).

Mild Depression. Women with children 25 (13%), 7 men with children (16%). Women without children 6 (3%), men without children 2 (5%).

Conclusions: Although some studies report having children as a protective factor in depression, this did not happen in this study. Financial violence is very common, so the mother does not receive any economic support from the father and has to take care of the children on her own. Social and hormonal factors also play a role, especially in women as they have more children. We believe that mental health clinicians should pay more attention to victims of IPV who have several children, especially in Latin America.

Disclosure of Interest: None Declared

EPP1082**Impact of psychiatric disorders on pregnancy and its management. A French retrospective cohort study**E. Briaud¹, D. Doolub^{2,3*}, S. Guinot⁴, J. Deparis⁴ and N. Jaafari^{2,3}

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Introduction: Every pregnancy and birth is unique, and despite this, few studies exist on the condition of pregnant women with mental disorders.

Objectives: This study analyzes the impact of prevalent mental disorders in pregnant women to determine which clinical or socio-demographic characteristics significantly impact pregnancy.

Methods: This retrospective and naturalistic cohort study is based on the medical records of 99 patients managed in a university hospital. All patients had an ICD-10 mental disorder (psychiatric and/or substance use disorders) diagnosed before pregnancy.

Results: Only 24.2% of the pregnant women had no adverse outcomes throughout pregnancy, labor, and delivery. The remaining mothers had violence issues, and mothers with psychotrauma were likelier to have stillborn babies. Pregnant women with mental disorders were less keen to screen for Down's syndrome and more likely to have artificial delivery in case of comorbid drug addiction and alcohol use disorder (AUD). Anonymous birth and placement of newborns were related to substance abuse and pre-pregnancy AUD comorbidities or AUD alone before pregnancy. Besides, four

clinical characteristics were found to be predictive of adverse pregnancy outcomes: young maternal age ($\beta=-1.15, p<.03$), late-term first contact with the maternity hospital ($\beta=0.08, p<.02$), advanced term of delivery ($\beta=4.01, p<.03$), and a history of psychiatric disorders associated with an AUD but without smoking before pregnancy ($\beta=-1.07, p<.03$). Despite all, pregnant women had a relatively sustained follow-up of their pregnancies.

Conclusions: Mental disorders have a negative impact on pregnancy. More studies should be promoted to raise the attention of professionals to manage and improve women's pregnancy and motherhood with psychiatric conditions.

Disclosure of Interest: None Declared

EPP1083

Factors associated with sexual disorders in women followed for breast cancer

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Introduction: Breast cancer is the most frequently encountered malignant tumor among women in Tunisia and in the world. The quality of sexual life of patients with breast cancer is impaired by multifactorial mechanisms.

Objectives: The aim of our study was to determine the factors associated with sexual disorders in patients followed for breast cancer.

Methods: Cross-sectional analytic study including patients followed for breast cancer at the outpatient medical oncology consultation of Hadj Ali Soua regional hospital from January to March 2021. We collected sociodemographic and clinical data with an assessment of sexuality (FSFI), marital satisfaction (MAT), psychological profile (HAD) and quality of life (SF36).

Results: Fifteen patients were included with a mean age of 49.87 ± 8.48 years and a mean age at diagnosis of 46.73 ± 7.55 years. At the TNM classification, 66.6% of the patients had a T1 or T2 at the time of diagnosis and 80% had an N0. All patients received a surgical intervention, which was conservative in 53.3% of cases. No patient underwent breast reconstruction. Chemotherapy and hormone therapy were prescribed in 86.7% of patients. The mean score of the FSFI questionnaire in our study was 17.25. Eleven patients (73.3%) had an FSFI score below 26.55. We found negative correlations between age and FSFI score ($r=-0.622$; $p=0.013$). We noted statistically significant negative correlations between FSFI and HAD-D ($r=-0.606$; $p=0.017$) and FSFI and HAD-a ($r=-0.707$; $p=0.01$) as well as significant correlations between FSFI and the following items: RE ($r=0.84$; $p=0.000$), SF ($r=0.684$; $p=0.005$), GH ($r=0.671$; $p=0.006$) and MCS ($r=0.788$; $p=0.000$).

Conclusions: Focusing on a small sample of patients followed for breast cancer, our study provides an assessment of the sexual

function in its various areas and shows how sexuality is deeply intertwined with other sections of medical management.

Disclosure of Interest: None Declared

EPP1084

ADHD Dimension, Childhood trauma and Perceived Stress: an observational study on peripartum women affected by mood and anxiety disorders

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Introduction: Pregnancy is an important life event, involving body and mind transformation as well as brain reorganization. ADHD dimension is an additional aggravating factor, albeit poorly studied in the literature, in patients with mental health disorders in the peripartum.

Objectives: The purpose of this study was to evaluate the correlation among ADHD dimension, trauma in childhood, and anxiety-depressive symptomatology to assess whether the ADHD dimension may affect the quality of life of peripartum patients, and to identify vulnerability factors and self-harm risk.

Methods: The sample included 74 women aged 21-46 years, recruited from Sant'Andrea Hospital in Rome between 2015 and 2019. All recruited women were administered the following scales: Adult ADHD Self Report Scale (ASRS), Edinburgh Postnatal Depression Scale (EPDS); Childhood Trauma Questionnaire (CTQ), Perceived Stress Scale (PSS); Minnesota Multiphasic Personality Inventory (MMPI). Statistical analysis was performed by Pearson's correlation with SPSS software to verify the presence of linear relationships ($p<0.05$) among the ADHD dimension, assessed by the ASRS scale, and the other psychopathological dimensions.

Results: The sample was divided into two groups depending on the results of ASRS: 26 patients were positive for at least one of the ASRS scale items, while 48 patients were negative. The groups did not statistically differ in socio-demographic variables examined. The medium score at EPDS was $15.11 (\pm 8.43)$. It was found that the severity of ADHD dimension directly correlated with the duration of mental symptoms in peripartum ($r=0.324$; $p=0.013$), with the total CTQ scale score ($r=0.342$; $p=0.004$), with emotional abuse detected by CTQ ($r=0.415$; $p<0.001$), with emotional neglect detected by CTQ ($r=0.291$; $p=0.014$) and with perceived stress detected by PSS scale ($r=0.456$; $p<0.001$). Furthermore, we identified a correlation between self-injurious ideation and ADHD symptomatology ($r=0.269$; $p=0.049$) evaluating the item 10 of EPDS.

Conclusions: The severity of ADHD traits directly correlates with the symptomatology and duration of mental disorder in peripartum. Specifically, ADHD patients who develop anxious-depressive