## EPV1646

### Is Emotion recognition processing across menstrual cycle and a history of Postpartum Depression potential risk factors for Premenstrual Dysphonic Disorder?

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**Introduction:** Many women during the different phases of the menstrual cycle experience significant emotional and cognitive changes; for some, these changes can affect their everyday living. Premenstrual Dysphonic Disorder (PMDD) is a health problem that affects up to 5% of women of childbearing age. The exact cause is unknown; still, hormonal changes throughout the menstrual cycle may play a role. Women with a family history of Postpartum Depression (PPD) may be at increased risk.

**Objectives:** The purpose was to examine if Emotion recognition processing across menstrual cycle and a history of PPD are potential risk factors for PMDD.

**Methods:** We identified 34 women with a history of PPD and contacted their daughters to explain the purpose of our study. Of those meeting the criteria to participate, 38 volunteered (aged 18-30 y.o., right handed, educational level >9 y., regular cycle duration). The Emotion Recognition Task (ERT) was administered in the luteal and the follicular phase. Women found to present significant differences in emotion recognition depending on the estradiol and progesterone levels were clinically interviewed (DSM-V).

**Results:** Of the 16 women who have showed significant differences across the two phases of the menstrual cycle, 7 were diagnosed with PMDD (43,7%). Among the ones who have not presented differences (22), only 2 received a diagnosis of PMDD (9%).

**Conclusions:** This study shows that Emotion recognition processing across menstrual cycle and a history of PPD may predict which women could be at risk for PMDD, playing, therefore a key role in PMDD early diagnosis.

**Disclosure:** No significant relationships.
**Keywords:** PMDD; PPD; ERT

## EPV1647

### Gender Matters: the Need for a New Approach to Psychopathology

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**Introduction:** Treatment of mental problems is based on classification categories. Yet most patients display far more complex problems than discribed in those categories. In child psychiatry boys are overrepresented whereas in adults women are in the majority when it comes to mental health problems. This raises the question whether gender and diversity shouldn't be taken more into account in order to come to better classifications and understanding of developemental psychopathology

**Objectives:** To look into the influences of gender, genetics, stress, child rearing and social determinants on the development of psychopathology

**Methods:** A literature search was performed with genetics, gender, stress and social determinants as keywords was in order to question the specificity and validity of current categories of psychopathology.

**Results:** The search yielded 26 articles. Interestingly this supports the hypothesis that the focus on phenotypical classifications is misleading and that gender plays an important role in the expression of endophenotypes (psychophysiological and neuropsychological). Moreover in many cases gender is not taken in to account enough in studies and that gender biased conclusions (when the reseach has included more men than women for different reasons) are extrapolated to easily to the other sexe, assumoing that the outcomes are universal

**Conclusions:** The categoral approach to psychopathology has stimulated research in a very productive fashion. Yet now we should think beyond categories in mental health and have the courage to adapt our clincial practice to endophenotypes taking into account the permanent interaction between individual and enviironment. Which implies a more gender specific approach to (psycho)pathology

**Disclosure:** No significant relationships.
**Keywords:** Epigenetic's; Social Determinants; gender; classification

## EPV1649

### Bipolar disorder and maternity

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**Introduction:** Bipolar disorder can be a severe psychiatric disorder. The combined prevalence of bipolar I, bipolar II, and unspecified bipolar disorders according to DSM-IV is 1.8%. Mean age at first affective episode has been estimated to 20 years among out-patients in the United States (2).

**Objectives:** We present the case of a 40-year-old patient, diagnosed with type I bipolar disorder. In her story, multiple admissions are recorded for both manic and depressive episodes. The patient showed a desire to be a mother and multiple therapeutic interventions were performed, de-escalation of stabilizers until she was withdrawn, which triggered generally manic episodes that required hospital admission.

**Methods:** Given the controversy in the decision to maintain or not drug treatment during pregnancy and the lack of clear criteria, in this case it was decided to try to gradually withdraw the treatment, which triggered several serious relapses. It was then decided to