

**Conclusions:** Psilocybin-assisted therapy is a very appealing new possibility in the treatment of depression. However, due to the small populations of the existing trials, future studies are needed to prove this positive association and to fully understand Psilocybin's mechanisms of actions and effects.

**Disclosure:** No significant relationships.

**Keywords:** Depression; Psilocybin; treatment-resistant depression

## EPV0258

### Postpartum depression and perceived stress among Tunisian parturient

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**Introduction:** The postpartum depressions (PPD), rank first postpartum complications and therefore pose a public health problem by their frequencies and their adverse consequences.

**Objectives:** To detect the depression among a Tunisian parturient, to evaluate their perceived stress and to study the link between these entities

**Methods:** A cross-sectional, analytical study of 40 first week postpartum women hospitalized in the gynecology department in Hedi Chaker hospital in Sfax-Tunisia, during the month of September 2019. We used the Arab version of Edinburgh Postnatal Depression Scale (EPDS) and the Cohen perceived stress scale (PSS).

**Results:** The average age of the participants was 31.07 years old. The Parturient have a rural origin in 62.5% of cases, they have a secondary school level in 52.5% of cases. There were exaggerated sympathetic signs in 52.5% of the cases. An organic pathologies were present during pregnancy in 47.5%. The postpartum period was simple in 77.5% of cases. For the post-natal period, 90% of parturient were going to receive help of a family member. EPDS: the average score was 5.35 and the risk of developing a PPD was 20%. PSS we found that life represents a perpetual threat in 27% of cases. The factors correlated with the PPD were: a high level of perceived stress ( $p < 0.00$ ) and organic pathology during pregnancy ( $p=0.02$ ).

**Conclusions:** Our study shows that the risk of postpartum depression is high among Tunisian parturient and it is associated with high level of stress, because of this a precocious screening is necessary.

**Disclosure:** No significant relationships.

**Keywords:** parturient; post partum; Depression; stress

## EPV0259

### Comparative indicators of atherogenicity, body weight, gender differences in the group of depressive and non-depressive patients with cardiovascular diseases

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**Introduction:** Many studies show that obesity, dyslipidemia, and physical inactivity are closely related to depressive spectrum of symptoms (DSS), depressive disorder (DD). DD significantly reduces the patient's quality of life and vital activity.

**Objectives:** To study laboratory and physical parameters with DSS, DD in patients with cardiovascular diseases (CVD) to determine the number of patients requiring complex antidepressant therapy.

**Methods:** The cross-sectional study of 127 inpatients with CVD was conducted. Depression and anxiety symptoms were evaluated using HADS, anhedonia by Snaith-Hamilton Pleasure Scale (SHAPS) and pain by visual analog scale (VAS). Acquired data was statistically processed.

**Results:** The non-depressive patients was observed in 67 (53.0%) and 60 (47%) with DSS in CVD patients. When clinical assessing 29 (22.5%) met the criteria for major (DD), 39 (31%) for minor DD. When comparing body mass index (BMI) in patients with depression, the indicator was 31 (28.5; 33.5), in patients without depression 30 (26; 32)  $p < 0.2828$ ; atherogenic coefficient in patients with depression was 2.93 (2.41; 3.575), in non-depressive patients - 2.375 (2.07; 3.07)  $p < 0.0083$ .

**Conclusions:** More than 1/5 of patients with CVD need antidepressant therapy. >90% of all patients had a high BMI regardless of gender and the presence of depression. Depressive patients in 95% of cases were obese or overweight. Severe dyslipidemia in women with depression increases the risk of CVD. Conflict of interest: No.

**Disclosure:** No significant relationships.

**Keywords:** Depressive Disorder; Cardiovascular diseases; obesity; Dyslipidemia

## EPV0260

### Postpartum depression: How it differs from the "baby blues"

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**Introduction:** Despite many signs and symptoms of depression get dismissed as normal physiologic changes associated with childbirth, depressive disorders are a common complication of pregnancy and postpartum period. The so-called "baby blues" have a minor functional impact and respond well to social support, whilst postpartum depression causes significant functional compromise, requiring more aggressive therapy. There is an extreme type of postpartum depressive disorder, postpartum psychosis, when patients present psychosis, mania, or thoughts of infanticide. It is imperative to promptly recognize and differentiate these entities, in order to minimize its impact on both mother and child. Antidepressant treatment may be necessary for some women, but risks and benefits should always be considered prior to institute pharmacotherapy.

**Objectives:** To identify current approaches and evidence-based treatment options for postpartum depression.

**Methods:** Review of the most recent literature regarding postpartum depression. The research was carried out through the Cochrane, UptoDate, PubMed, MedLine, LILACS and SciELO